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LECTURES ON SURGERY, MEDICAL AND OPERATIVE,

DELIVERED AT

St. Bartholomew's Hospital;

BY MR. LAWRENCE.

Lecture III.

Nature and Classification of Diseases.

After recapitulating the subject of the preceding lecture, Mr. Lawrence proceeded; I come next to speak to you of the *differences* in the *nature* of diseases. We have to determine, not only what organ of the body is diseased in each case, but also how it is affected; and this is a part of the subject still involved in considerable obscurity.

Our notions of the ways in which organs are disturbed, are as yet imperfect. Probably there are some, of which we have, as yet, no idea. In the first place, there is very little obscurity about one important part of the subject, considered surgically, viz. *physical injuries.*

In the next place, in the great majority of cases, diseases consist in *increased action* of the parts, that is, they are *inflammatory.* We have, therefore, to consider, first, the original disturbance, or the inflammation; and, secondly, the more or less considerable, and the more or less durable change, which the inflammation, by its continuance and progress, is capable of producing in the structure of parts.

Now inflammations are not all of one kind, and there is one leading distinction between them which it is necessary to notice, even in this general view. Inflammations are divided into two sorts—*common* and *specific.* The common inflammation is that produced by ordinary causes of disease, acting on healthy constitutions. A wound, for instance, inflicted on a person in good health, may cause common inflammation. Specific inflammations are those in which the constitution of the patient is unhealthy; the deviation from the state of health being either hereditary or acquired; and examples of this occur in scrofula, gout, and rheumatism: or there are inflammations produced by one definite and specific cause, and by no other; as in the case of syphilis, small-pox, measles, scarlet fever, and the contagions generally. Specific diseases, then, are specific, or peculiar, either in consequence of peculiarity in the individual in whom they occur, or in the nature of the causes that produce them. You will understand, that the inflammation thus excited is nearly similar to that produced by common causes; at least it is only a difference in modification, and frequently the specific inflammation is so much like the common, that a difficulty is experienced in distinguishing the one from the other. Often we cannot distinguish, by the appearances, between a syphilitic bubo, and a common inflammation of the glands in the groin.

Having heard then, that diseases generally consist in a state of increased action, you will naturally enquire whether there is not another class that arises from the opposite cause—*diminished* or *reduced action*? And you will probably have heard so frequently of *debility*; you will so frequently have read of it, and of means being adopted to remedy it; that you will probably expect a considerable class of disease to be of this character. I believe we can hardly say any thing satisfactory about debility, considered as the *cause* of disease of parts. It is true that debility is very frequently met with as the *consequence* of disease. The alterations produced by disease in a part, render it more or less unable to carry on its function, and it is said to be weakened. Disease occurring in the body generally, will often so affect the whole frame, as to induce a state of weakness. But what I mean to say is, that we very seldom, if at all, recognise debility in a part, as the cause of disease in that part, in the same way that we see excitement producing inflammation. It is true, that if *cold* be applied for a considerable time to a part, it will reduce, and at last entirely destroy, the action of such part. Ossification of the arteries in the ex-

tremities of old persons, seems in a somewhat similar way to give rise to a peculiar kind of inflammation, and frequently to mortification.

Many diseases produce a complete change in the organisation of parts which they affect; these are called *organic changes*. In many instances, they convert an organ into a structure quite of a new kind; and in the morbid growth thus produced, you will see, perhaps, no trace of the original composition of the organ. Examples of this kind occur in cases of *cancer*, *fungus hæmatodes*, *tumours*, *encysted*, and others; *tubercles* in the viscera; the tuberculated state which takes place in the lungs, for example, in phthisis pulmonalis. It often happens, that the phenomena of those organic changes are assimilated in a great measure to inflammation; that is, there will be increased action in the part, distension of the vessels, more or less of the characters observed in inflammation; but this is by no means general, and frequently those changes take place in a very slow manner, and without any of the obvious characters of inflammation. In the case of tuberculated phthisis, the tubercles are often deposited, and proceed to affect a great part of the lung with very few sensible symptoms.

The next general head would be *functional derangement*, which I have already alluded to. I believe you will find, if you take any particular organ, and put together all you can say respecting it under the several heads I have now mentioned, that you will nearly exhaust the subject of its diseases. Suppose we take the *eye*, and consider the physical injuries and wounds that may be inflicted on it; secondly, the inflammation that may arise, divided into common and specific; thirdly, the consequences; fourthly, the organic changes; and, fifthly, the functional derangement; we shall find there is hardly any thing that is not referable to these heads. However, we may, perhaps, find something that does not strictly come under these, and therefore we must constitute another division to include what is not referable to any of the preceding; this will form a collection of sundries. In the eye, cataract would be referred to such division. It is better to adopt this course; because, in doing so, we do not go beyond our knowledge. The matters thus arranged are designated as subject for future inquiry.

When we are acquainted with the seat and nature of a disease, we are enabled to give it a clear and expressive name, which will at once denote it. Many diseases are named in this way; for instance, *hepatitis*, *peritonitis*, *enteritis*, *iritis*—these denote inflammation of the respective parts. *Syphilitic* and *asthritic iritis*, *purulent inflammation* of the *conjunctiva*, *gonorrhœal inflammation* of the same membrane—all these are clear and expressive names, denoting both the seat and nature of the disease.

In a great many instances, our knowledge is too imperfect to admit of disease being named in this way, and then they come to be named by some leading feature. Thus we have *diarrhœa*, *dysentery*, and *colic*. Frequently diseases are named from the pains accompanying them; as cephalalgia (headach); gastrodynia, guttrodynia, pleurodynia, &c.; or from a preternatural discharge of fluid, as *hæmoptysis*—spitting of blood; *diabetes*—increased flow of urine. All these pass in nosologies as so many diseases; but you will see that they are *merely* names given to *symptoms* of disease. Such names are to be considered as indications of our ignorance. If we knew in each case which organ was diseased, we should, of course, adopt a name that would indicate the organ; but being ignorant of that, we apply names in those cases to some particular leading symptoms.

We come next, Gentlemen, to consider the subject of the *arrangement* or *classification* of diseases; and this, in a subject so extensive and complicated as medicine, is a matter of very considerable consequence. I need not observe to you, that in any subject in which a great number of parts are to be considered, a methodical distribution of those parts very much lessens the labour both of the learner and the teacher. If a person should take up the subject of disease, and enter upon it without any arrangement, the multitude and varieties of disease would seem to overpower him, and he would feel himself in a kind of labyrinth, without any sort of clue. The number of diseases is very great; and if you were to regard only the number, you might think it a hopeless attempt to endeavour to investigate such a great variety of diseases. The individual organs of the body are very numerous. Each of those organs is liable to be affected in various ways; and every affection of each organ has its name, and is to be considered as a disease. Not only are all the organs of the body to be considered in this way, but in a great many instances a particular organ is very complicated, consisting of a great many component parts; each of those is liable to derangement, and all those various derangements have received names. In consequence of the eye being open to external observation, and its structure being very complex, there are not less than *two hundred* diseases enumerated by nosologists as affecting this organ. You will not, therefore, be surprised, when the diseases of the whole body are enumerated, that they come to be reckoned up by *hundreds* or *thousands*.

The study of disease, however, is not such

a complicated and endless subject as this view of the simple catalogue of names would lead you to expect. I mentioned to you, in the Introductory Lecture, that though the individual organs are numerous, the textures by which they are built up are few. In fact, the ground-work of nearly all the organs consists of the cellular system, the vascular system, absorbents, and nerves. It is the various proportions in which they are combined, and the admixture with them of some structures which are less general, that make up the differences in the various organs. Hence, as the essential basis of structure is the same throughout, so all the morbid affections must be somewhat similar, because each part can only exhibit those diseases which the elementary parts are capable of exhibiting. It is true that disease differs in the various organs of the body, but the differences are in form; the essential nature of disease is nearly the same throughout.

When diseases are arranged according to their affinities, or differences, it constitutes *nosology*. Diseases have sometimes been considered *topographically*, that is, according to their situation in the body; and the older writers have treated them in this way, beginning with the diseases of the head, and descending to those of the extremities. This, at all events, does not involve any theoretical grounds of distinction; it does not lead to any thing erroneous; it involves repetitions, because the various parts of the body are liable to diseases essentially similar.

Modern nosologists have generally attempted to ground their arrangements of disease on their views of its *nature*. Their efforts have been, in general, very unsuccessful, because the nature of disease is imperfectly known. Most of those nosologists have been but imperfectly acquainted with anatomy and physiology, therefore these grounds of division have, in most instances, been fanciful; consequently most of those arrangements, instead of elucidating the subject, have made it more obscure. Great advantage has been derived in the study of natural history from methodical arrangement. A very great man, Linnæus of Sweden, who lived in the last century, employed himself in arranging natural objects according to their natural affinities. The success which attended his efforts led to the adoption of the same kind of method in the arrangement of diseases; and Sauvages, of Montpelier, taking up the several diseases as species, united them into genera, and those again into orders, much in the same way as Linnæus had done with plants, and the other productions of nature. Sauvages made 10 orders, 295 genera, and about 2,400 species. The example of Sauvages was followed by others; but I need not particularly examine their nosologies, for they are now deservedly forgotten. Professor Cullen, of Edinburgh, published a system of nosology, which has been generally adopted in this country, and which has been considered one of the best. You will find, upon examining it, that diseases are there brought together which have no natural affinity, and that others are separated and put into different classes which resemble each other; so that, if Cullen's nosology be the best that exists, all I can say is, that bad is the best. Under the head *cachexia*, which is one of his diseases, and which he defines to be a depraved habit of body, he has the order *intumescentiæ*, or swellings; and under that he has brought together *polysarcia*, or excessive fatness; *tympanites*, (distension of the intestines with air,) *ascites*, *anasarca*, *hydrocele*, and *emphysema*. His other arrangements are equally unfortunate; so that if we regard this as one of the best examples of nosological arrangement, we may safely dismiss them all; indeed, I conceive, the little taste that now exists for such schemes, to be a favourable sign of more rational views on the subject.

It is vain to attempt arranging disease on the same principles that have been followed in classifying the productions of nature, because the two cases are by no means analogous. The species of natural objects are differences marked out by the hand of nature. No one can confound the dog, the cat, the sheep, the cow, the lion, and so forth; but when we come to examine into what are called the species of disease, we find that, instead of being defined, like these species of natural objects, they run into each other by insensible gradations, so that it is extremely difficult to point out distinctions between them. When we come to examine disease, we find it presenting itself in forms not described in books; and it is very common to observe, that the diseases we meet with are not like those that we have read of; thus the primary grounds of division are wanting. Then if we come to the division of *genera*, *orders*, and *classes*, the structure and economy of animals are well known, and, consequently, clear grounds exist for their higher divisions. One tribe of animals feeds on vegetables, and that they do on the plan of *rumination*—chewing the cud; another sort feeds on prey, which it destroys and devours. Thus you have ground for two natural classes, the *ruminantia*, the animals that chew the cud, and the *carnivora*, those that feed on and devour their prey. The particular modes of procuring food in the two cases are so important to the economy of the animals, that they influence the whole of their structure; so that all the animals arranged under such a division resemble each other. If we could construct

classes of diseases, founded on such obvious and well-established characters, it would very much facilitate the business of the student. But when we come to look at the arrangement of Cullen—suppose we take his *Tumores*, what do we find?—aneurisms, ecchymosis, varix, tumours of all kinds, scirrhus, cancers, bubos, warts, corns, exostosis, swellings of the joints, hydatids, &c.; and, in fact, his definition of tumours, "swelling of a part without any inflammation," would include a *pregnant uterus!*—(Laughter.) What has he under the head *Dyalyses*, that is, the separation of parts? Under that we find wounds, fractures, ulcers, caries, herpes, tinea, psora, or the itch! These are only examples of such arrangement as composes the whole of this celebrated nosology; and yet, I believe, it is not uncommon for students to be examined in Cullen's Nosology! If real knowledge of disease can be communicated, it is all very well, but if not, I think it much better to leave the mind empty than to fill it with trash and rubbish of this kind.

Now as diseases, for the most part, consist of changes of the state of organs of the body, the proper ground of division would be anatomical; at all events that would be a ground of distinction that would not involve any error. There are two ways of proceeding; there is the anatomy of *form* and *position*, and that of *texture*. The former is called *descriptive*, the latter *general*, anatomy. The latter shows the composition of organs, applying a kind of analysis to the parts, reducing them into their constituent elements. This part of the science was almost created by Bichat, a man of great genius and singular industry, who died at the early age of 33, and yet has left behind him a name that will live as long as the science of medicine shall be cultivated. In his work, called *Anatomie Generale*, he has explained this anatomy of structure. He has reduced the organs of the body to their original elements. He has determined their nature, and shown the proportions in which they enter into the different parts of the body.

If we take each of the elementary structures as a basis, we can then put down under it, all the disturbances to which it may be subject; and thus we should have a natural arrangement of the diseases. In considering disease in this way, we should find that a great deal of time would be saved, because when we have explained, generally, the nature of affections that are incidental to each tissue, we should only have, in particular cases, to point out the *local* circumstances which belong to affections in those parts. Suppose we take the cellular system; for example, inflammation of the cellular system is called *phlegmon*; that inflammation proceeding to suppuration, constitutes abscess. When the phenomena of phlegmonous inflammation and suppuration have been once described generally, we need not repeat their description in going over all the various parts of the body. The same with respect to *serous* membrane, *mucous* membrane, and all the other tissues. Now it will be found convenient in describing disease, in some parts to depart a little from this system, because it will contribute considerably to understanding clearly the various affections of a complicated organ to bring them under view at the same time. Thus, for example, it will be well to consider the diseases of the eye together, the diseases of the urinary organs, and so forth. This arrangement, then, I mean to adopt; considering, for the most part, diseases as they occur in the various elementary structures, but in some instances, taking up the diseases as they are seated in particular organs.

Although diseases are spoken of under single names, and are therefore regarded as single objects, you will find that each particular disease embraces a great variety of circumstances; and in order to understand it thoroughly, you must view it in different lights. In the first place, you survey those circumstances which denote the existence of disease, and which may be called, generally, its external signs. You would direct your attention, in the first place, to the circumstances under which disease has arisen, and you would investigate the occurrences that have taken place in the particular instance, previously to the time at which you saw the patient; that is, you would inquire into the history of the complaint. You would next proceed to notice those changes in the state of the affected organ, which produce any alteration recognizable by the senses; those you can generally ascertain completely in external parts; and, in some instances, in internal organs, changes are produced, recognizable externally. You observe the changes in the functions of the part. You also observe the changes which may be produced either in other organs or functions secondarily. These various circumstances are called the symptoms of disease. The word *symptom* is of Greek extraction, and it means *happening with, occurring together;* therefore a symptom of disease must be something which you actually see or notice at the time of your examining a case. The phrase "*signs* of disease," is more comprehensive, for that will embrace all which has occurred.

Now you will observe that symptoms in this way are divided into the *primary*,—those changes which take place in the part itself; and the *secondary*, or those which occur in the condition of other organs. Increased redness, swelling, and a yellow discharge, are the primary symptoms of a

clap. Increased frequency of making water, and swelling of the testicles, are secondary symptoms of the same disorder.

In looking to the symptoms of disease, particular attention has been paid to such as constantly take place; and those have been called *pathognomonic* symptoms; the meaning of which is, a something pointing out the nature of the disease. Secondary symptoms cannot be called pathognomonic; because an organ may be secondarily affected in one case, and not in another. And even with respect to the symptoms that belong to the organ immediately affected, you do not always find the same symptoms. One or another symptom may be sometimes present, and sometimes wanting; so that there are very few appearances, which are fit to come under the description of pathognomonic symptoms, and those are mostly found in cases of external diseases, and are referable particularly to what we ascertain by surgical examination. Thus, for example, if a patient have a pain in making water, if the stream be occasionally interrupted, if the urine be loaded with mucus, if the patient feel pain from the motion of a carriage, we suspect he has got a stone in the bladder; but all these symptoms exist sometimes without there being a stone in the bladder. If, however, you introduce a metallic instrument into the bladder in such a case, and strike against a hard substance, and hear the sound produced, then that is a pathognomonic symptom of stone in the bladder.

Symptoms have also been divided into *local* and into *general*. Local symptoms are what we call the primary symptoms; general symptoms are those changes affecting several parts of the economy, hence called general, which take place in conjunction with several primary affections. Thus the collection of symptoms constituting fever, may occur in conjunction with any local inflammation, or with an injury; therefore they do not point out in particular the nature of any disease.

We next come, in the investigation of disease, to look to the *circumstances* by which disease has been *produced*; that is, to the examination of *causes*, as you will readily conceive, a very important point of the inquiry. Some causes act immediately in producing changes in the state of our organs, and they are called direct, immediate, or exciting causes. Thus the application of hot water to the skin produces inflammation and vesication of the skin. Other causes produce a state of the body in which disease is likely to occur, without actually causing disease itself; these are called remote or predisposing causes. Thus a full state of habit produced by indulgence in eating and drinking, is a predisposing cause to apoplexy or palsy. You will read much about what is called the proximate cause. Proximate, from *proximus*, means that which is the nearest; that cause which has immediately preceded; the nearest cause in producing the disease. Now you will observe, that disease is sometimes traced to an altered condition of a certain organ, and when our knowledge is complete, we can do that. Therefore the proximate cause, is the circumstance that has produced the altered state of the organ. In other cases, where our knowledge is imperfect, the disease is merely an assemblage of symptoms, and in such cases the altered condition of the organ, when it is found out, is considered to be the proximate cause of those symptoms. The proximate cause, therefore, of Cullen, and others, who use the term in the same sense, is what we should call the disease itself.

Now these distinctions, perhaps, will be best understood by stating a case to you. A certain individual is of a sanguine temperament. He has a short neck, a full habit of body, produced by habitual indulgence in eating and drinking; that person takes a very hearty dinner or supper, fills the stomach with food, and takes a considerable quantity of drink. Shortly afterwards, he falls back in the chair, loses sensation and voluntary motion, and has, in short, an attack of apoplexy. On an examination of the body, you will find, perhaps, a considerable effusion of blood into the substance of the brain. Now in this case, if you regard the loss of sensation and voluntary motion as the disease, apoplexy, the pressure on the brain by the effused blood, is the proximate cause. If, however, you regard these circumstances merely as symptoms, then the effusion of blood into the brain is the disease itself, and the proximate cause will be the excitement of the circulation produced by the hearty meal. The hearty meal which such an individual has taken, is the occasional cause of the disease: the sanguine temperament, the short neck, and the fulness of habit, are predisposing or remote causes. Thus you observe, that in investigating the mode in which disease is produced, you often have got a train of changes to observe, each of which, considered in reference to that which goes before, and that which follows, is, successively, effect and cause.

Having then observed the history of the disease, having noticed the existing symptoms, having investigated the cause, having observed the course and duration of the disease and its termination, we complete our examination of the subject by examining the body of the patient after death, in case death should occur. This leads us to find out the changes which have been produced in the state of the part immediately affected, or of other parts connected with it; and by

this we ascertain what we may call the pathological condition of those parts. The knowledge we thus acquire, is of great importance towards enabling us to determine the seat and nature of disease. It is this inquiry after death, into the changes that take place in organs, that has so materially contributed to give us more just notions of disease. It is this which has dispelled all those notions by which disease was attributed to certain alterations of the fluids, or to certain vital properties, for it has shown us, in those cases, the material changes in the organs that have been produced by such diseases. This examination, therefore, completes our examination in such cases. In many instances, we do not find any change produced; but that negative circumstance is of equal importance in elucidating the nature of disease.

Now, important as this examination is, and valuable as the information is that it imparts to us, you must not consider that it is a matter of the first importance in investigating the history of disease. The point of chief consequence is, *clinical observation* during life; that is, the ascertaining of all the changes which take place in the state of an organ, or the condition of its functions during life. The examination after death completes the history of the case, but that is of subordinate consequence in comparison with clinical observations during life. By the mere observation of diseases during life, we can understand a great deal of their history, origin, causes, progress, and termination, without examining bodies at all. The examination of bodies after disease, in many instances, cannot be performed, because the patients do not die. In many instances, we are not allowed to examine them; in several instances we detect no change. Therefore you will observe, that the cases are, comparatively, few in which direct information is afforded, though, in those cases, the information is of a very important kind.

The general doctrines of treatment have been derived from experience during life, and not from the observation of any facts after death. When we examine the symptoms of disease, and pay particular attention to those changes produced in the affected parts—to the primary or local changes, we are led to distinguish one disease from others which might resemble it; we are led to distinguish the disease of a particular organ from diseases of contiguous organs. That is, we make the distinction—we establish what is technically called the *diagnosis* between the particular disease, and any others that may, in point of nature or situation, bear a great affinity to it. This part of the inquiry is called *diagnosis*, and the particular signs or symptoms we dwell on, in making our distinction, are called the *diagnostic signs*.

When you are called to a case, you will find the patient and his friends extremely anxious about his situation. They will wish to know whether he will recover or die; whether he will recover completely, or partially; how long the disease will last; how soon he will be able to resume his usual occupation, and so forth. These inquiries are very natural, and though you may find them troublesome in some instances, I should hope you will be inclined always to answer them with kindness and patience. You must make allowances for the anxiety of friends, and you must not allow yourselves to be betrayed into any thing like hastiness or ill temper under such circumstances. This is a point which is one of policy, as well as of good feeling. Few persons can properly estimate professional skill, but all are able to appreciate kindness and attention.

When you compare the state of a patient under your immediate observation, with all you know from other quarters respecting the nature, progress, and effects of disease and treatment in particular cases, you are able to prognosticate or predict the course and event of the disease, in the case under consideration; and that, considered as a division of pathology, is called *prognosis*.

Then, having surveyed the case in this way, you are naturally led to the means by which diseases may be arrested, or safely conducted to their termination. Those means fall under three divisions, which I have already alluded to; that is, the management of those external influences which contribute to the restoration of health; such as diet, air, exercise, clothing, sleeping, and walking, which heretofore have been called by the strange name of *non-naturals*; the application of pharmaceutical means; and chirurgical means, operations, or other manual proceedings. So that you will observe that *surgery*, strictly speaking, is a part of therapeutics, or the treatment of disease.

Now the various views of disease I have just mentioned, taken altogether, constitute the science of pathology; and the investigation of disease is not complete, until you have surveyed it under all these various aspects; although these are various, they all have a mutual bearing on each other; and your views would be very imperfect, unless you surveyed the whole of them.

It has sometimes happened that disease has been considered in one or other of these views only, and particular treatises have been written upon them. You are not to consider, however, that because such partial views of the subject have been treated of under particular names, that they constitute separate sciences. We have had the con-

sideration of nomenclature and arrangement, which constitute nosology; the considera- of symptoms—symptomology;-the consider- ation of causes—etiology; and so on. It is, however, so necessary to view the whole of the parts together, that we should not at- tempt to take any of them alone.

The following is the arrangement which will be adopted by Mr. Lawrence in the future Lectures of this course:—

Inflammation. Symptoms in the part; effects; sympathetic influence on other parts—explication of the symptoms; theory of inflammation—varieties of inflammation; in degree, acute and chronic; in effect; ac- cording to structure; common and specific— causes; direct, remote, general plethora— sympathetic influence of disease in other parts; idiopathic and sympathetic disease; disorder of the digestive organs; mode of production; symptoms.

Treatment of inflammation; of acute; of chronic; diet.

Fever, idiopathic; sympathetic—varie- ties of the latter; inflammatory, gastric or bilious; typhoid; irritative?

Suppuration; abscess; phlegmonous; chronic; fistula—hectic fever.

Mortification—local changes; general symptoms—causes and treatment generally considered—time of amputation—particu- lar mortifications; acute and chronic; frost- bite; traumatic gangrene; question of am- putation; gangræna senilis.

Ulceration; granulation; pus; cicatrisa- tion—reproduction of lost parts? Common and specific ulcers; healthy ulcer; indolent; inflamed; with sloughing; phagedenic ul- ceration; sloughing phagedæna; hospital gangrene.

Mechanical Injuries. Wounds, sim- ple incised, including surgical operations— union by adhesion; explanation of the pro- cess; animal engraftings; art of restoring noses, lips, and other parts—treatment in order to procure adhesion; local means; sutures; approximation by plasters, band- age, &c.—general treatment; diet—hæ- morrhage; primary, secondary—treatment previous and subsequent to operations—union of wounds by granulation and cicatrisation— lacerated and contused wounds—bruise; ecchymosis—punctured wounds; gun-shot wounds; question of early or delayed am- putation—nervous symptoms consequent on injuries; tetanus.

Chemical Injuries. Effects of heat; scalds; burns—effects of various acrid and escharotic substances; potash, ammonia, lime, strong acids, nitrate of silver.

Injuries of a mixed nature. Poisoned wounds; hydrophobia; bites of venomous serpents; stings—injuries received in dis- section? Malignant pustule.

Specific Diseases. Scrofula; gout, rheu- matism—venereal diseases; gonorrhœa; sy- philis—cancer—fungus hæmatodes; mela- nosis.

Diseases of the Cellular Membrane. Phlegmon; boil; carbuncle—diffused in- flammation—œdema; its various kinds; phlegmasia dolens—emphysema; tumours; sarcomatous and encysted; their various species; mode of extirpation.

Skin. Various inflammations, acute and chronic—exanthemata; erysipelas, simple and phlegmonous; urticaria—papular in- flammations; vesicular; pustular—scaly affections—tubercular changes—lupus, or noli me tangere; cancerous ulceration—af- fections of the nails; nail growing into the flesh; paronychia; onychia; o. malig- na—warts; corns.

Nævi materni.

Vascular System. *Arteries.* Wounds, punctured; arteriotomy; complete division— hæmorrhage; compression; styptics—liga- tures, their materials, mode of operation and effects—inflammation—organic change; thickening of the internal coat; ossification —aneurism; the various species, true, false, circumscribed, diffused, varicose; history; effects, and natural cure—treatment; by compression; by ligature, between the heart and tumour, or beyond the tumour—partic- ular aneurisms; of the aorta; its treat- ment; method of Valsalva; of the smaller arteries; operations.

Veins. Wounds; hæmorrhage; com- pression; ligature; venesection—inflamma- tion (phlebitis)—varix; rupture; hæmor- rhoids—varicocele, referred to testis.

Osseous System. Wounds of bone; contusion; bone exposed in wounds; its granulation; death and exfoliation—frac- tures, simple, compound; various compli- cations—particular fractures—inflammation of the periosteum, and medullary membrane —necrosis—exfoliation—caries—exostosis osteo-sarcoma; excision of diseased bones, particularly of the lower jaw—rickets— mollities ossium—diseases of the teeth.

Diseases of the joints—injuries; contu- sion; sprain—inflammation; wounds—dis- locations; general observations; particular dislocations—inflammation of the synovial membrane; change of structure and thick- ening—dropsy of joints—ulceration of the articular cartilages—white swelling—loose substances in joints.

Nervous System. *Brain.* Injuries of the head—wounds of the scalp; incised, lacerated, contused, with detachment, with hæmorrhage, with exposure of bone—ery- sipelas; inflammation of the cellular mem- brane under the aponeurosis—inflammation and detachment of the pericranium and dura mater—fractures of the cranium; various cases; fractures with depression—extrava-

astion of blood, within the cranium, on the dura mater, under it, in the brain—compression of the brain—concussion; inflammation of the membranes; of the substance of the brain—softening of the brain—abscess—elevation of depressed bone; operation of trepanning—hernia cerebri.

Nerves. Wounds; contusions; inflammation; neuralgia—diseases of particular nerves; sciatica; toothach—operations for the division of nerves.

Spinal cord. Injuries of the spine; fractures; luxations; concussion—diseases; simple curvature; caries with curvature and paralysis—caries of the occipito-cervical articulations—inflammation of the cord; paraplegia; spina bifida; operations.

Mucous Membranes. Inflammation; increased and altered secretions; aphthæ; ulceration; stricture; polypi; warts.

Diseases of the conjunctivi and lacrymal passages referred to the eye; of the mouth fauces and œsophagus to the organs of mastication and deglutition; of the larynx and trachea to organs of respiration; of the bladder and urethra to the urinary organs. Diseases of the nose and nasal sinuses.

Serous Membranes. Peculiar characters and effects of inflammation—hydrocephalus—inflammation of the pleura; empyema; hydrothorax—inflammation of the pericardium; dropsy—operations—peritonitis; ascites; paracentesis—wounds of the serous cavities; of the thorax, with protrusion of the lung; of the abdomen, with protrusion or wound of the contents; effusions.

Fibrous Membranes. Inflammation of the periosteum and pericranium; chronic swelling, (node); periosteal exostosis; other changes of structure—tumours of the dura mater.

Inflammation of the bursæ; effusion into them—ganglion—inflammation of fasciæ.

Muscular and Tendinous Systems.—Wounds; lacerations; contusions; strains; rupture of the tendo achillis; inflammation; wry neck.

Glandular System. *Mamma.* Common inflammation and abscess; scrofulous affection and abscess—enlarged lactiferous tube—various indolent and innocent affections—malignant diseases—operation of extirpation; affections of the nipple—diseases of the male breast.

Testis. Varicocele—encysted and diffused hydrocele of the cord—hydrocele of the tunica vaginalis—hæmatocele—inflammation of the testis; of the glandular substance, with ulceration and protrusion of fungus; of the epididymis, with abscess, with chronic enlargement—scrofulous disease; chronic and indolent enlargements; scirrhus; fungus hæmatodes; castration.

Prostate. Referred to urinary organs.

Thyroid Gland. Bronchocele; ligature of the thyroid arteries; extirpation.

Liver; inflammation and abscess—spleen—kidney—absorbent glands.

Salivary glands and tonsils referred to organs of mastication and deglutition.

Organs of Sense. *Eye and appendages.* Wounds of the eye-brow and eye-lids; inflammation; abscess—inflammation of the mucous membrane and ciliary margins; lippitudo; tinea—ectropium; entropium; trichiasis—tumours; sarcomatous; encysted; tarsal—ptosis; paralysis of the levator palpebræ.

Inflammation of conjunctiva; catarrhal; purulent; gonorrhœal—inflammation of external proper tunics; common; rheumatic; arthritic and gonorrhœal; variolous; strumous—inflammation of the chambers of the aqueous humour; hypopyon—iritis; various species; chronic; acute; idiopathic; syphilitic; arthritic—retinitis—inflammation of the internal tunics generally—glaucoma; synchysis—amaurosis—cataract; its various species and operations—artificial pupil—cancer; fungus hæmatodes; melanosis; extirpation of the globe—affections of the lacrymal passages; lacrymal gland; chronic enlargement and extirpation; inflammation of the lacrymal sac; stricture and obstruction of the nasal duct; distension; enlargement and fistula of the sac, operations.

Ear. Affections of the meatus; increased and hardened ceruminous secretion; inflammation, with purulent discharge—polypus—inflammation of the tympanum—deafness from various causes.

Nose. Referred to mucous membranes.

Tongue. Wounds, with hæmorrhage.—inflammation and enlargement—ulceration; tubercular thickening with ulceration; scirrhus and cancer—operation on the frænum.

Organs of Mastication and Deglutition. Wounds of the face; diseases of the lips; cancer—tumours and excrescences of the gums, palate, and mouth—salivary glands; extirpation of the parotid? salivary fistula; ranula—inflammation of the mouth and fauces; ulceration; abscess; inflammation and suppuration of the tonsils; ulceration; chronic enlargement; extirpation—enlargement and elongation of the uvula; operation for its removal—wounds of the pharynx and œsophagus; administration of food through the nose; use of the stomach pump; of the probang; pharyngotomy; strictures of the œsophagus.

Organs of Respiration. Wounds of the larynx and trachea; cut throat—inflammation—extraneous substances—operations of laryngotomy and bronchotomy—suspended respiration by hanging, drowning, &c.

Organs of Generation. *Male.* Testis referred to glandular system—inflam-

mation and ulceration of the prepuce and glans; warts; phymosis; paraphymosis; cancer—amputation of the penis—scrotum; anasarca; cancer.

Female. Uterus; prolapsus; polypus; cancer; extirpation; diseases of the ovaria; operation for ovarian dropsy; warts and excrescences of the external organs; inflammation in children; with purulent discharge; with foul ulceration.

URINARY ORGANS. Wounds of the urethra—inflammation; abscess; hæmorrhage—gonorrhœa benigna—strictures, their varieties and treatment—abscess behind the stricture; fistula in perineo—bougies and other instruments used for strictures; various operations.

Inflammation of the bladder—thickening of the muscular coat; pouches of the bladder—paralysis; distension; involuntary flow of urine; suppression of urine—incontinence; retention, its various causes and treatment—catheters; their various kinds and forms; mode of using.

Calculi; their various situations; under the prepuce, in the urethra, prostate, and bladder; in the ureter and kidney—different species of calculi; origin and mode of increase; symptoms; medical treatment; operations for extracting or for breaking in the bladder; lithotomy.

Retention of urine in the female—use of the catheter; incontinence; fistulous communications between the rectum and the bladder or urethra; calculus in the female; removal by dilatation of the urethra; by breaking; by lithotomy—vascular and painful tumour of the female urethra.

RECTUM AND ANUS. Abscess; fistula ani—piles; hæmorrhoidal excrescences—stricture; use of bougies.

DISPLACEMENTS. *Hernia*—General description; mode of origin and increase; symptoms and diagnosis; reducible hernia; mode of reduction; use of trusses; irreducible hernia; mode of managing; strangulated; symptoms; operation; various species of hernia—artificial anus; operation for; prolapsus of intestine from—stercoral fistula—intro-susception.

EXTRANEOUS SUBSTANCES. In the eye; nose; ears; mouth and alimentary canal; larynx; trachea; bronchi; urethra; bladder; vagina; uterus; rectum.

MALFORMATIONS. Nostrils; eye; external ear; hare lip; fissure of the palate; operation; urethra; bladder; vagina; rectum; limbs; club-foot; supernumerary fingers—webbed fingers.

VARIOUS OPERATIONS. Amputations; issues; setons; cautery; moxa; acupuncturation; bandages.

HEN WITH A HUMAN FACE.

THE following paper is from the pen of Dr. von Martius, physician at Berlin, who, during his stay at Moscow, had frequent opportunities of observing the animal described in it. The first account of this hen was given as long ago as 1815, by Professor Fischer,* President of the Medico-Chirurgical Academy at Moscow. At the meeting of the German naturalists and physicians, at Berlin, in 1828, Dr. von Martius was surprised to find that Professor Fischer's paper, and the phenomenon it describes, were scarcely at all known, and he accordingly resolved to give a further account of it in Graefe u. Walther's Journal, from which the following is extracted:—

This extraordinary animal was hatched during the spring of 1815, in a village of the district Belewsk, in the Department of Tula. The neighbourhood was soon filled with the wonderful story of a chicken with a human face; the news rapidly spread and reached Tula, the capital of the Department, the governor of which, Nicolai Iwanowitzsch Bagdanow, having purchased the animal at a considerable price, sent it to Moscow, as a present to the University Museum. Here Dr. von Martius had frequent opportunities of observing the animal, it being kept in the house of his friend, Professor Fischer. It was a hen of middle size, eight inches high and fourteen long; the feathers were greyish brown; the external habitus, as well as the movements and gestures, perfectly corresponded with that of other hens; the head only was of a peculiar formation, its profile strikingly resembling that of a toothless old woman. The beak was entirely wanting, the maxillæ being much shorter than usual, and terminating at the place of the nostrils. The rudiments of the maxillæ were covered with flesh, which had quite the appearance of lips; the comb was very different from that of other hens, and greatly resembled a human nose, a deception to which one was the more easily led, as the nostrils were immediately below it. The lower jaw had a fleshy appendix, a sort of chin, which was for the greater part naked, but in some places covered with small feathers; the eyes were very large, and had a bright red iris; the skin below the eyes was of a flesh colour, with a bluish tint in some places, and, as well as the chin, covered

* Opisanie kurizu imejuschtschei n' profile figuru tscheloweka Moskwa, 1815. (Description of a chicken with a human profile.)

with small bristly feathers, which, at the side of the face and near the opening of the ear, were particularly dense, so as to resemble whiskers. All these circumstances made the profile extremely like that of an old woman, especially when the jaws were in motion.

It is clear that the anomalous formation of the jaws must considerably influence the animal's mode of feeding; it ate with the greatest difficulty, and being quite unable to pick up grain from the ground, it was necessary to feed it upon bread soaked in water or milk; it appeared particularly fond of hemp-seed, curd, minced meat, etc. ate from the hand, and was very tame, as is always the case with birds in which, by one way or other, the bill has been mutilated to some extent.

"During the time," says Professor Fischer, in his paper, "that the animal was in my house, it knew me very well; at tea-time it frequently came to the table, and appeared to ask for something, by emitting a peculiar sound; its voice was very weak, but in other respects like that of other hens. It is worthy of remark, that after eating, it always rubbed its mouth against some hard substance to clean it, as birds generally do. It appeared as if the animal were more fond of the society of men than of that of fowls, for whenever another hen was brought into the room and came near it, it began to tremble, hung down its wings, bristled its feathers, and emitted sounds like a cock who is going to fight; it frequently fought other hens, but at the sight of a cock immediately took flight. If the animal was brought into the open air, it appeared to be very fretful, and endeavoured to hide itself in the grass, especially on the approach of crows or hawks. When it was brought to Moscow it happened to be moulting, which lasted longer than the usual time. The feet were large and well formed, but some of the toes were without claws; it could not be ascertained, however, whether this defect was congenital, or the consequence of cold, or mechanical injury." The figures, of which we have given a copy, were drawn from nature by M. Valeri, painter to the University, and engraved by M. Florow; they represent the head in three different positions. One of them shows the animal when yawning, which it did very often, especially when frightened.

It appears very clear, that the real formation was congenital, and cannot have been acquired; for if the bill had been accidentally or artificially mutilated, the lateral portions of either jaw would necessarily have been not only denuded, but separated to such an extent as to render reunion quite impossible, especially as there is no skin there naturally; the tongue would also have necessarily been destroyed, almost as far as the hyoid bone, and its stump would either by its trembling movement have rendered the process of healing impossible, or have become adherent to the remaining portion of the lower jaw. It is, however, very probable, that the animal would have been starved before its recovery from such a wound, which lastly must, at all events, have left a cicatrix, of which there is no visible trace; on the contrary, all the parts appear to be naturally united; the tongue is very short, fleshy, almost triangular.

It might, however, be objected, that a chicken with such a bill as the one described, could not possibly have broken the egg-shell; but though most chickens break the egg at the period of excubation, this is not always the case, and not unfrequently the shell bursts spontaneously, in consequence of the increase of the young animal. Lastly, it is known, that the old hen often extracts the chicken from its prison, by seizing the young one's head with its own bill, and that during this obstetric act, the chicken's bill is often broken or torn off; such chickens, however, but seldom survive this accident, or perish from hunger; nor does the hen in question show any trace of a similar lesion.

At the end of his paper, Dr. von Martius says;—with respect to the origin of the above described hen, of course, nothing is known.

Attamen non supprimere possum, quæ mihi de origine hujus phænomeni cogitanti in mentem venerunt. Paullo antequam quæ supra descripsi observata sunt, rex Persarum Alexandro imperatori quinque elephantes et duodecim equos misit: legatio, quæ hoc donum conduxit, in itinere per vicum venit in quo gallina illa exclusa est. Compertum est, Orientales, præsertim Persas, admodum addictos esse sodomiæ, imprimis cum gallinis: liceatne inde opinionem emittere, annon nisus formativus a viâ solitâ ita aberrasse potuerit, ut ex coitu vivipari cum oviparo animal ortum sit particeps quodammodo utriusque naturæ? Experimenta a Sennebier et Spallanzani instituta certè hanc hypothesin nullo modo refellunt; egomet ipse feles masculos tempore catuliendi anas ad coitum excitasse sæpe vidi; anæ etiam nonnunquam coëunt cum gallis Indicis, capri cum ovibus, lupi et vulpes cum canibus," etc.

GASTRO ENTERITE.

In one of the last sittings of the Académie Royale de Médecine (Section de Pharmacie,) M. Boulay reported, that the researches of Dr. Rayer, on a very fatal epidemic disease amongst leeches, had led to the extraordinary result, that the disease in question was nothing else than a real "gastro enterite!"—*Gazette de Santé.*

TYPHUS FEVER.—REPLY OF DR. CLANNY TO M.D.

To the Editor of THE LANCET.

SIR,—Happening to be in town, I read, as soon as they appeared in the last Number of THE LANCET, the remarks of M.D. on my theory of typhus.

I lose no time in communicating to you, for insertion in your Journal, a few paragraphs, by way of reply to your enlightened correspondent.

For some time past I have had reasons to suspect that the professional community consider me as a disciple of the humoral pathology; I beg leave, *in limine*, to state, that though I am satisfied that all the important changes which I have detailed in my lecture, do take place in the blood in every case of genuine typhus, yet I am also well aware that those changes are effected by the solids.

I believe that it is now generally acknowledged that *post obiit* investigations throw little light upon the proximate cause of typhus, and this I found to be the opinion of all the professional men with whom I discoursed in a late visit to Paris. I am also of opinion, that not only in typhus, but also in all acute diseases, we are to look to chemistry for the true method of investigating their proximate causes, and by this most important agent I hope to be enabled to enter, at a future day, more fully upon this subject.

Allow me to refer to the third paragraph of your correspondent's letter, in which, after stating the outline of my theory of the proximate cause of typhus, he inquires, "Is it not a more probable supposition, that the general affection has given rise to the impediment existing in the individual organs; that the cessation in digestion is, in fact, an *effect*, not a *cause* of the general disease?"

My reply to his observations is, that, as from direct analysis, I invariably found the changes referred to, and that there was no similitude with other acute diseases, particularly as to the carbonic acid in the blood, I was compelled to infer that a cessation of sanguification is the only ostensible proximate cause of typhus fever; holding in remembrance that if any person can discover analytically, *that* exact change which takes place in the solids, through which the blood undergoes such alteration in its properties, he will be entitled to fix the true proximate cause. As the field is open, and my method of analysis is now before the public, I request, as I have done upon a former occasion, that my theory be put to the test of investigation, in the spirit and plan which I have adopted, otherwise I cannot submit to conjecture, or inferences drawn from analogy. In the concluding part of the passage, I am happy to say that we are agreed, but not exactly as he intended; for, as I have stated above, it will be understood by the reader, that this change in the state of the blood is actually an "effect," and not a "cause."

Your correspondent proceeds to ask, why "an interruption of the actions producing chyle, is not at all times followed by the same effects," as in cases of entire deprivation of nourishment?

It never fell to my lot to witness a case of direct starvation; but all medical history informs us that, in starvation, some persons leave this terrestrial scene in a state of stupor, and others in high delirium; but this does not apply to the subject in question; for, as I have stated, such is the provision of nature, that in persons who have fasted for some days, the fluids of the body, by the agency of the lymphatics and the thoracic duct, are taken into the blood to supply the deficit; and as this state has its origin from what may be called artificial, and not natural causes, we find that as soon as a suitable supply of food is given to the famished person, the process of assimilation returns, except he be *in articulo mortis*. But should the food be unfit for him, or given in too large quantity, we find that the very attempt at assimilation will, in many cases, cause death. I have stated that the function of assimilation ceases some time before the symptoms of typhus make their appearance.

We know that in some cases the liver discontinues to secrete bile; in others, the kidneys, urine; in others, the intestines, to render their fæces; in others, the skin, its insensible perspiration; in others, the heart ceases to propel its blood, and the patient dies accordingly; in others, the function of respiration from exhaustion, and, in some excessive grief, impedes the flowing of tears. In a word, all of the different functions or offices of life are found to cease; and why, I beg to add, (and this observation strikes me for the first time,) may we not infer, independently of all that I have done in the course of my inquiry—why, I repeat, may we not infer that the function of sanguification ceases, as well as other functions of the body? We know that in many organic diseases, and in persons who have received wounds or bruises in important organs, a fever of the nature of typhus generally closes the scene; and that, either directly, through the injured organs, or indirectly, through the sensorium commune. In either case, the function of assimilation ceases.

Your correspondent goes on to say, "The gratuitous nature of the assumption on which the theory rests, is likewise strongly marked in its application, to account for the

varying intensity of the symptoms at different times. The morning and evening paroxysms are stated to depend upon the want of a new supply of blood at such periods; now, if suspended chylification be the cause of the disease, what reason have we for supposing that this act is interrupted to a greater extent at such times than at others?"

My words are, "The morning and evening paroxysms in typhus cases, have their origin from the sanguineous system not receiving, at the above-mentioned periods, its usual enlivening and strengthening supply of newly-formed blood; the patient, instead of feeling renewed vigour at these hours, experiences disappointment and exhaustion; and we find, accordingly, that these paroxysms are present in most cases of typhus fever, and continue till the disease has so far exhausted the patient, that they cease, or are no longer observable."

He then remarks, "And above all, what proof is afforded that in intermittents it is suspended only at stated and determinate intervals, resumed during the intermissions, and again and again suspended and resumed in regular alternations for an indefinite period?"

Here your correspondent is perfectly correct; for, upon the subject of intermittent fever, I merely *inferred*, as is the custom with my professional brethren; indeed, this observation of mine has nothing to do with the disease called typhus; and upon reference to my lecture, it will be found that nothing hinges upon this inference.

With regard to the next (the sixth) paragraph of your correspondent's remarks, I must observe that, in what I have stated, I am supported by direct experiments, independently of the admirable investigations of Messrs. Allen and Pepys, and others; and as I have found the greatest uniformity as to the proportion of carbonic acid in the venous blood of a multitude of persons, taken in *vacuo* in my two different ways, in the Sunderland Infirmary, (with the exception of typhus cases,) I have a right to infer, that the carbonic acid of the blood has its origin from assimilation only, and not from the process of respiration; for if the oxygen of the atmosphere were always received directly by respiration into the mass of blood, we should find it in some cases uncombined with carbon, and in other cases there would be discovered large quantities of carbonic acid, which is never the case; and, in some instances, death would ensue from considerable portions of oxygen being admitted into the mass of blood, as we know to be the case in extensive wounds near the heart, by which atmospheric air is permitted to find its course to that organ; and also, from what we find the practice of some sportsmen to be, when their horses meet with serious accidents in hunting, viz. opening the jugular vein, and blowing by means of a straw or quill into it, which soon terminates the animal's existence. I need not here instance the excess of carbon in the veins of persons who die from asphyxia or apoplexy, which gives such a dark hue to the blood.

I have stated that I am satisfied that the free carbon of the blood comes into contact with the oxygen of the atmosphere in the air-cells of the lungs *only*, and is then changed into carbonic acid gas, and hence with the co-operation of the nerves, the heat of respiring animals is kept up. As to the latter part of the above paragraph, all I attempt is, to account for the phenomena of a morning and evening paroxysm; and I beg to refer, for further explanation on this head, to the passage in my lecture, occurring at page 777 of your Journal, beginning, "The cold rigours are sometimes slight," &c.

To the next paragraph, page 60, "the curative measures," &c., my reply is short; for I need not inform the reader, that there is no specific for the cure of typhus fever; but if my views be correct, the cure of that formidable disease is not the less certain, as may be readily understood by any unprejudiced reader of my lecture.

I have no direct method of compelling the brain and nerves to resume their offices of assimilation or sanguification; and in the plan which I have presumed to recommend, I have no reason to feel that it does not harmonise in every point with my discovery of the true proximate cause of typhus fever.

The reasoning of your correspondent on the employment of the carbonic acid in typhus, is not very clear; but if your correspondent infers that I use carbonic acid generally, that it may be absorbed into the system, he is in error; for in no part of my lecture have I made such a statement, nor have I left, as far as I can judge, the reader to infer that I ever intended that such were my ideas of its *modus operandi*. By the extensive use of carbonic acid, and the other remedies recommended, I have been enabled to restore the process of assimilation, and to guard the patient from an ulcerative or putrefactive state, and for this purpose I hesitate not to say, that carbonic acid in my experience stands most pre-eminent. And here I beg to remark, that the word "empirically," as used by your correspondent, should be applied to cases where inference or analogy has been formerly employed, not to cases where direct chemical investigations have been made. The concluding part of the paragraph about "urea" is equally inapplicable, and, in my opinion, the French physician must have been badly in-

formed as to the process of assimilation, to use urea in this way.

Were it not for the importance of the subject, I could not have prevailed upon myself to reply to any anonymous correspondent, though his language, as in the present instance, were kind and even flattering.

I am, Sir,
Your most obedient servant,
W. Reid Clanny.

Burlington Hotel, Cork Street.
Oct. 6, 1829.

LITHOTRITY.—CLAIMS OF M. CIVIALE AND BARON HEURTELOUP.

I should have attended much sooner to the article of Mr. Edwards on the process and history of lithotrity, had not other and very pressing occupations prevented me. Lithotrity is too little known in England for me to let pass unrefuted, the inaccuracies and misrepresentations with which the article alluded to abounds. Its imperfections as a history, will be readily detected; but it is also made the vehicle of complaint against the whole body of medical men in this country, as well as of calumny against Dr. Civiale and myself; and on these grounds I feel obliged to notice it.

Mr. Edwards fears, that the merit of the distinguished foreigner is not duly appreciated. Seriously, Sir, what right has Mr. Edwards to complain, that Englishmen should withhold their patronage, or bestow it too feebly, when in this they do no more than follow the example of the French themselves? Mr. Edwards is utterly mortified at the humiliating idea, that a large body of surgeons can be influenced by such unworthy motives as avarice or national jealousy. Let me ask for what reason Mr. Edwards supposes the respectable body of surgeons to be actuated by such sordid motives? Is not this, like many other of his assertions, at once gratuitous and undeservedly reproachful? Is there no more honourable way of accounting for the apathy of the surgeons? It does not enter into Mr. Edwards's head, that the objections to M. Heurteloup's improvements, which caused them to be almost universally rejected in France, may have set the majority of that large body right? It does not occur to him that my letter, though showing very briefly the defects of M. Heurteloup's instruments, may have had due weight with English surgeons. Why, then, should Mr. Edwards utter these cries of upbraiding and distress, while he lavishes the assertions, that Civiale has failed in Paris, that M. Heurteloup has succeeded there, and that I am a mere agent despatched hither by Civiale to embarrass the progress of his *protégé*? He does not reflect that he has to deal with one who has the advantage over him, of knowing what he is speaking about.

Civiale completely failed!!! This is strange indeed! Civiale is rewarded for his invention, and labours by the academies at different times, in sums amounting nearly to a thousand pounds. The government confers a title on him. One of the most eminent surgeons in France, the Professor Baron Dubois, affected with stone in the bladder, confides himself to him, but four months since, for his cure. The highest scientific men in Europe honour him with their correspondence and friendship. Foreign potentates bestow on him medals and distinctions. The patients arriving in Paris, place themselves, almost without exception, under his care. In the short space of five years, nearly one hundred and forty persons owe their cure to him. The administration of Hospitals places at his disposal an entire ward at the Hôpital Necker, for the reception of his poor calculous patients; yet Civiale, we are told, has failed in Paris! while M. Heurteloup, who has succeeded, triumphed, carried all before him, abandoning the theatre of his successes, and the support of all those whom envy or jealousy of Civiale had identified with his cause, takes refuge amongst a people, to whose language and habits he is a stranger, and there quietly suffers himself to be insulted by the complaints which Mr. Edwards pettishly indulges in, against the apathy, the want of due appreciation, and the feeble patronage, which his *protégé* experiences in England. Now if M. Heurteloup had done so much for lithotrity as Mr. Edwards would have us believe, Civiale, instead of committing the folly of sending an agent to this country to impede his progress, ought to have rejoiced at M. Heurteloup's leaving him in undisputed possession of the field in Paris. Under such circumstances, M. Civiale, if he had the slightest perception of his own interest, would have favoured this determination of M. Heurteloup, by giving him a "golden bridge" for his exit from France, rather than have recourse to the only step which was calculated to provoke the revival of a competition, which, according to Mr. Edwards, would have been so fatal to his pretensions. How humbled a man of merit may be by an indiscreet partisan!

It is most extraordinary in a man of science to make such precipitate assurances as Mr. Edwards does. M. Heurteloup, he says, was not originally destined for the medical profession; yet so great have been his powers of mind, that Mr. Edwards does not hesitate to say, that he is the first urinary pathologist in Europe. In this country, reputations are not established so quickly. In the compliment, well meant,

no doubt, which Mr. Edwards pays to the genius of M. Heurteloup, he overlooks the adage, "Nemo repente fit," &c. In the same dictatorial way, he lays it down as an axiom in lithotrity, that the larger the stone is, the nearer it will lie to the neck of the bladder. Mr. Edwards must know, that lithotritists do not admit this axiom. The calculus, whether large or small, as long as it is moveable in the bladder, obeys the movements of the body: thus, in the erect posture, it rests on the trigona behind, and somewhat beneath the neck of the bladder; in stooping forward, it falls against the neck; when the patient lies on either side, it rolls towards the ureter, on the side reclined on, and when he is supine, the calculus lies on the posterior paries of the bladder. These different positions are again varied by the state of vacuity, or fulness of the organ, as well as by the irregularity of the form of the stone or the bladder respectively. His axiom, therefore, not being admitted, Mr. Edwards's reason on Civiale's instrument, cannot obtain.

The position in which Civiale and myself operate, places the stone on the posterior paries. What he states, therefore, about the movement of the instrument, and its powerful elastic branches, falls to the ground. These branches, it is true, are sufficiently powerful for the firm grasping of the stone, and the operator need have no apprehension as to their breaking in the bladder, an accident which has occurred in using the improved instruments. Mr. Edwards says, that it is a gasconade on my part, when I make the not-to-be-tolerated assertion that Civiale's instrument will seize a stone of 25 lines (2 inches) in diameter. I pity the errors into which his imperfect knowledge of this subject betrays him. I now affirm the fact once more; and further, that during the last week, I have satisfied more than twenty medical men of its truth; if Mr. Edwards persist in thinking it a gasconade, let him come and see. He admires the ingenuity with which I make out my case, by defalcating from the programme, the mention of M. Heurteloup's prize of five thousand francs; yet in the very article which he finds fault with for this omission, I state the fact, accompanied with the observation, that the prize was granted on the condition, that M. Heurteloup would publish his instruments, together with the cases of cure effected by means of them. He has not complied with this condition. Mr. Edwards states, that M. Heurteloup's superior skill must, on fair competition, carry him triumphantly through. This is Mr. Edwards's own opinion; it would be repugnant to every feeling of delicacy, to suppose that M. Heurteloup was a party to this exaggerated flattery. After this assurance, he then concludes, "And how much more certainly must M. Heurteloup triumph over one who has never performed this operation with success!" This is a fine specimen of flourish alloyed with falsehood. The cases of Hannah Stewardson, of Bartholomew's Hospital, and of Mr. Stone, of Folkstone, are published; and as to my career in Paris, the majority of the respectable practitioners of that city, who would not lend themselves to a falsehood, can say what it has been. It would be most improper in me to imitate Mr. Edwards's tone of boasting, but when I have been so virulently assailed on the score of failure and inexperience, I trust, I may be permitted, without incurring any imputation of too great vanity, to say, that Civiale alone excepted, I have seen and done more of this operation, than any person living.

Mr. Edwards takes occasion to say some witty things on the simplicity of Civiale's instruments, in criticising the following phrase: "But the instruments employed by Civiale appear to us the most simple, and we are great admirers of simplicity in the construction of surgical instruments. The march of improvement has ever been, from what is more complicated, to what is less so; nature herself is the mother of simplicity." Now this has been literally the case with Civiale's invention. His first instruments were very complicated, and it was not until he had improved them to absolute simplicity, that he dared to apply them to the human body, or that he was able to achieve this important conquest for surgery. Mr. Edwards asserts, and still with his usual confidence, that the instruments of M. Heurteloup, although consisting of a greater number of parts, are more easily managed than those of Civiale.

Mr. Edwards is very apprehensive, that the objections lately made to these instruments, have taken effect. In fact he admits that they have had weight. Mr. Edwards undertakes to show, that Civiale's objections to the improvements of Heurteloup, are as futile and unfounded as were his pretensions to the original authorship. In order to his being able to fulfil this promise, it is proper that he should have a correct idea of the nature of those objections; with your permission, therefore, I shall give a transcript of them from Dr. Civiale's letter to the academy, after they had awarded a prize of five thousand francs to M. Heurteloup. He will here learn a fact, the ignorance of which has led him into so much unwarrantable assertion, that Civiale not only knows those instruments, but also the reasons, which forbid their use.

To maintain this assertion, he has recourse to an illustration, to which I beg your attention for one moment. "The mechanism of a

clock," says Mr. Edwards, "is extremely complicated, yet still so palpable is its application, that the veriest simpleton understands it." Would Mr. Edwards infer that M. Heurteloup's instrument may be managed with the same precision by the most ignorant?—A few words will expose the fallacy that lurks beneath this assertion. Mr. Edwards, satisfied with the clearness of his illustration, is heedless of the gross fault of logic, which he commits in comparing things, which, *inter se*, have no point of comparison. If simplicity be the object, every surgeon should have it in view in the construction of a surgical instrument; but, on the contrary, if it be the objection, or the evil, he ought to avoid it; the lancet, the scalpel, the bistouri, &c. must be thrown aside, and replaced by some self-acting mechanism, which reduces the duty of the surgeon to that of a mere spectator. The difference between the machine, or clock, and the surgical instrument, is this: a clock is managed by a rustic, because the delicate machinery is already adjusted to his hand; he has but to wind the cords, and all goes well; but the lithotritic instrument is altogether a different engine. Its operations are not concerted beforehand; they are quite uncertain. Its effects are not produced *per se*, and independently; on the contrary, they are altogether controlled by the hand of him who holds the instrument. It is introduced into delicate organs deeply seated, and out of view of the operator: here complexity of mechanism in the instrument, requires the direction both of a cool head and steady hands. The slightest obstacle or derangement may confuse the one and the other, and thus render dangerous an operation, which, with simpler means, would have been not only harmless but salutary. There is then a substantive disparity between the two cases. A clock, if I may so speak, knows exactly the duty it has to perform, and cannot go wrong; the lithontritic instrument must be informed every moment of what it has to do; it must be wielded by hands familiarized by long practice to its movements, and endowed with no ordinary delicacy of tact. It were perhaps worth while, and it will not be irrelevant, to give Baron Dubois' opinion of those instruments. M. Dubois being much pressed for his opinion as to their relative merits, before he had himself undergone the operation, very pithily remarked, "Que l'instrument soit surtout simple cela posé, tant vaut l'homme, tant vaut l'instrument." It would be impossible, in a few words, to express more powerfully his approbation of M. Civiale's instrument. Translation might diminish its force; I therefore leave it in the original. Mr. Edwards being an able translator of French, will readily understand it.

In a note which appeared elsewhere last week from M. Heurteloup, he states, that the space between the neck of the bladder, and that part of its sides immediately opposite, may sometimes be too narrow for the free expansion of a three-branched instrument. This objection is removed at once by the statement of the fact, that neither M. Civiale nor myself, operate on large stones in the bas-fond of the bladder. The position which we give the patient, places the stone on the posterior wall of the bladder, where there is always sufficient space for the full and gentle expansion of the branches. It has been said that the branches of this instrument must be extended to a considerable degree beyond the tube, to seize a large stone. This is a strange objection. The part of the branches, which extends beyond the tube, must be an inch, to obtain a separation of three-quarters of an inch, and three inches, to produce a separation of two inches and a quarter, which suffices for seizing a stone of the same diameter.

This separation of the branches is in rigorous relation with their strength and length; for the strength of the branches is an indispensable condition to the success of the operation, whether our object be to crush a small stone, or to fix steadily, a large one. It would certainly be an easy matter, to diminish this length, and still obtain the same degree of separation; but this could not be done, without making the branches much more slender; thus depriving them of that strength, which is the only guarantee of safety in this operation.

In the infancy of lithotrity, its author, M. Civiale, employed an instrument with four branches, which he afterwards reduced to three, in order to have greater solidity without augmentation of bulk. Experience moreover proves, that with the three-branched instrument, the calculus is seized with much greater facility; and yet, nevertheless, the new improvement of this instrument which is now proposed, consists in four-branched pincers, which had been already found to be not only embarrassing, but dangerous. I have the honour to be, Sir,

Yours, &c.

W. B. Costello.

108, Jermyn Street, Oct. 13th.

GLASGOW ROYAL INFIRMARY.

To the Editor of The Lancet.

Sir,—Since you ceased taking notice of our Royal Infirmary, and the proceedings of its surgeons, matters have been daily changing for the worse. The salutary restraint imposed upon them by the influence of the press, is, in a great measure, gone. During

the summer we have had some precious doings. It is my intention, at present, to trouble you only with a few of these.

In the first place, allow me to ask you, if you think the following specimen of our Infirmary surgery calculated to inspire the student with ideas of sound chirurgical?—A young man, a sailor, about 24 years of age, of a weak and debilitated constitution, was admitted, during the spring of the former year, under the care of Dr. J. Couper, with non-union of the humerus. He had his arm broken, a considerable time before, by his falling from the rigging of a vessel, in which he was employed. The bone protruded through the skin, and a portion had to be removed before it could be reduced. Dr. Couper frequently declared, in the presence of the students, that, from the account of the patient, he appeared to have been most judiciously treated; yet, notwithstanding all this, when his good, or rather evil, fortune directed him to the Glasgow Royal Infirmary, in an impaired state of health, we were told, that nothing less than an operation was contemplated. Now what operation could be of any advantage to the poor fellow, except the removal of a useless member, I was totally at a loss to imagine; but this, it appeared, was not to take place; nothing, in short, would satisfy our worthy surgeons but cutting down upon the bone, and exposing and removing a portion of its reunited surfaces. The day for the performance of the operation was already fixed, but, in the meantime, an attack of enteritis supervened, which obliged them to defer it. From the treatment necessarily employed for the patient's recovery, he was left in a wretched state of debility. In this condition he was sent to the country, with injunctions to return at the end of a fortnight and have the operation performed. He did return, and shortly after his re-admission into the hospital, he was placed under the care of Dr. Auchinloss, who performed the operation, without its being followed by any benefit. Now, I ask you, Sir, if this was a warrantable operation? The man, it was confessed, had been most judiciously treated. Every attention had been paid him, and, if the bone did not reunite when he was in a state of excellent health, was it, I ask, at all probable that union would take place, after the poor fellow had been weakened so by confinement and disease?

Having mentioned this case, perhaps you will allow me to inquire, if it is customary, in the hospitals of the metropolis, to employ the saw more frequently than once in amputation; and, if employed at two successive operations, whether it would be accounted a specimen of, what we, in these parts, call bungling, or an accident which might happen to the most gifted operator? You may answer this question at your leisure, and, at the same time, may as well tell me, if operations for artificial pupil are usually performed in private, and if privacy, in such cases, is essential to the safety of the patient?

Probably you are not aware that our infirmary surgeons are famous for their love of propriety. Nothing, indeed, can exceed the purity of their morals; every case where exposure can, in any way, wound the feelings of female delicacy is kept religiously sacred. None are allowed to approach her but the surgeon, his friend, and his class. Many whispers are afloat among the students on a case of this kind, which lately occurred; but, from the impenetrable mystery in which the whole is involved, I have not only felt considerable difficulty, but have been totally unable to obtain any account on which implicit reliance can be placed. Report does, however, say, that it became necessary to remove one of the nymphæ from a patient in the infirmary, and the operation, as a matter of course, was to be private. How far privacy was observed in this case our hospital functionaries best know, if it be true, as has been asserted, that the apprentices of the operating surgeon were allowed to be present, at the very moment the students of the hospital were denied admission. So much for the justice, the impartiality, and, though last not least, the conscience, of a hospital surgeon.

I was here about to close my letter, and intended reserving a few remarks on a case of lithotomy, which we will suppose might occur in a Royal Infirmary, to a future opportunity; but when I remembered that this anticipated opportunity might be somewhat distant, and that there was still a portion of my paper unoccupied, I thought I could not do better than embrace the present occasion. It is by no means my intention to describe every step and circumstance of this supposed—only supposed—operation. We may merely amuse ourselves by imagining, that, after a devout perusal of Mr. Key's admirable little book on lithotomy, a certain surgeon, no matter whom, is to proceed to the performance of this operation, and that a wonderful crowd of young and old, grave and gay, have assembled on the occasion, to witness the operator's dexterity. For the sake of data, we will say the patient might be fifty, that the usual external incisions are made with the scalpel, the membranous part of the urethra opened, and the lithotome run along the groove of the staff into the bladder. Having supposed all this, we may likewise imagine that we see, first the finger, then the forceps, successively passed into the wound; but whether the opening in the bladder is too small to admit of their introduction, is, of

course, no business of ours to inquire. We will now think—only think—we behold the scalpel once, twice, aye, perhaps even thrice applied to enlarge the wound, and, after all this, that the forceps are at length introduced, and the stone extracted, with some difficulty, on account of its being attached, as is said, to the fundus of the bladder, at the end of six, or perhaps seven, minutes. We will now suppose the patient put to bed; that he passes his fæces by the wound; that he complains of insupportable pain on going to stool, and that this statement of the patient is confirmed by the testimony of his wife, who attends him; that he gets worse and worse, until the fourth or fifth day, when he dies. Being dead, we will next suppose his body inspected, and be as foolish as to expect that this will be done publicly, in the presence of the assembled students, that every imputation may be removed, and if there should, as is insinuated, have been any error committed, that it may be held up as a beacon for those entering the profession to avoid, by a candid and honourable avowal. Being disappointed, however, in this expectation, we may as well reverse the picture, and suppose it done in secret and in private; that no information is given the students of the same; that inquiries on the subject meet with indefinite and contradictory replies; and that it is done at an hour when few, if any, can possibly be present. Into this cause of privacy and concealment, it of course does not become either you or me to intrude; but, on the following day, we may as well suppose ourselves seated in the operating theatre of a Royal Infirmary; that a small portion of a rectum, with the bladder attached, is brought before us; that we are told there is no opening whatever in the rectum; that what the patient and his wife asserted was fæces, was MUCUS—merely MUCUS. We will next imagine some of the students (unbelieving dogs) requesting the house-surgeon to hand them the preparation, and that one of them succeeds in passing his finger through the rectum into the womb, and that he has the impudence to point out the same to his fellow students, who are so very foolish as to believe this opening has actually been caused by the knife, and is not, as in a former case of lithotomy, the result of ulceration.

The consideration of this supposed case of lithotomy has occupied so much space, that I must, however unwillingly, for the present, postpone some other observations to a future epistle.

I am, Sir, your most obedient servant,

AN INFIRMARY STUDENT.

Glasgow, Oct. 2, 1829.

DR. KNOX'S THEORY OF HERMAPHRODISM.

THE *Edinburgh Journal of Natural Science*, for the present month, a new periodical, has published the following theory of hermaphrodism, as the abstract of a lecture lately delivered by Dr. Knox to his class of comparative anatomy. It is the intention of the learned lecturer to make public the whole of his inquiry into this recondite subject, through the medium of the Royal Society, Edinburgh. Few men in this country have pushed actual research into comparative anatomy further than Dr. Knox, and in this abstract is contained the germ of deep and important views in philosophical anatomy,—a subject discussed by more persons who carry no real anatomical research to the inquiry, than by those who do.

Dr. Knox stated, that it was by no means his intention to submit to the class the whole of the inquiries he had been engaged in on the subject of hermaphroditic structure; neither would he occupy their attention with the details which had led him insensibly to the adoption of those views, a portion of which it was his intention to lay before them; but being pledged to produce these inquiries elsewhere, he would limit himself entirely to a bare announcement of some of the more striking results.

"The object of this inquiry had been twofold. *First*, To explain the doctrine of the ancients, as to the double course of the seminal fluids from the ovaria; and this led to the *determination* of the organs minutely described by Casper, Bauhin, Malpighi, and others, in certain ruminating and pachydermatous animals,—organs which they took for portions of female structure, because they were found in females, and for which they invented functions, in direct contradiction to their anatomical structure, adding thereby errors in matter of fact, to errors in theory or speculation. These organs, Dr. Knox proved to be the remains of *male organs*, though existing in the females of the ruminants; and this proof was fully borne out by his own dissections, by those of Mr. Hunter, and of all anatomists, though conduct d by quite other views. To show how extended the errors were on this matter, the lecturer referred to a late number of the *Annales du Museum*, where these organs, which have been so well described by Bauhin, Malpighi, in his letter to Spon, Gœrtner, and many others, and whose anatomical connexions cannot possibly escape the notice of any careful anatomist, are denominated utero-

vaginal ducts, although they have never, in any instance, been found to communicate with the uterus, and were moreover shown by Dr. Knox to have no connexion whatever with *the system of female organs.*

"*Secondly*, To determine what are male and what female generative organs, and the laws of formation with regard to these systems. The law was shown to be simple and hermaphroditical, and the *doctrine of analogies*, as laid down by ancient and modern anatomists, was endeavoured, by the lecturer, to be disproved, and was declared, by him, to be contrary to daily observation, and to common sense.

"The type, apparently, agreeably to which nature (selecting, as seems usual, the most complex) had formed the generative organs, was hermaphroditical, and the organs being restricted to male and female, in those groups of animals whose functions and organization required that two individuals should constitute the species; but it was also shown, that the type existed in many animals, and that even in those species in which the sexes were most strikingly separated, the rudiments of all, or of many of the organs, required by nature to constitute the original type, remained as evidence of her great plan. Finally, aberrations from regular structure, as regards the generative organs, hitherto described as hermaphrodites, lusus naturæ, monsters, ill-formed males or females, &c., were reduced to the simple law of *a return to the original type.*"

OUTRAGE BY MESSRS. KEY AND COOPER AT GUY'S.

To the Editor of THE LANCET.

SIR,—As you have taken an interest in the proceedings of last Tuesday evening, at Guy's Hospital, in which, in consequence of the conduct of Mr. Bransby Cooper, I was unavoidably compelled to take a more active part than I had previously intended, I trust you will allow me the early insertion of a few remarks, relative to the transactions on that occasion. Those who were not present, or have not perused your last number, will find, by referring to it, an ample detail of the proceedings, and will learn how conspicuous a figure Mr. Bransby Cooper then cut. It would appear from the position which this gentleman took in the Theatre, among the pupils, that he was deputed to fill it by his colleagues, as the most fit person to perform his menial and disgraceful office. Mr. Bransby Cooper, seemingly conscious of the grade to which his attainments may be considered to entitle him, said, on that occasion, that he then only felt himself to be *a pupil*, and having done so, proceeded to accuse me of having come there wholly for the purpose of interrupting the lecturer; and charged me with using language too vile for *his* lips to repeat, or for Mr. Key to hear. —In answer to the former accusation, I beg to state, Sir, that I *did not* go purposely to interrupt the lecturer, but to participate, with many others, in manifesting my disapproval of Mr. Key's violation of promise in omitting to give the prize which he had offered to the best-informed of his pupils.—What language I *could* have employed "too vile" to be named by Mr. Bransby Cooper, or to be heard by Mr. Key, I am at a loss to conjecture. Those who have been accustomed to frequent the annual meeting of the pupils and surgeons of Guy's Hospital, or who were present when Mr. Key paid a well-remembered visit to a certain patient, No. 10 in the Accident ward, will readily absolve me from the guilt of so improbable, so impossible an allegation. Does not Mr. Bransby Cooper recollect, at the last anniversary dinner, his making use of language with which one gentleman (the father of one of the pupils) was so much disgusted that he left the room? Has Mr. Charles Aston Key forgotten the language he employed to Thomas Grant, the fishmonger, who was admitted into the Accident ward on the 20th of May last, (and who now resides near the Old West Country Packhorse, Turnham Green) upon his, Mr. Key's, being accused by this patient of actually re-breaking a recently united fracture of his thigh; did not he, amidst a torrent of vociferations, tell the man, in the ward, that he was a "d——d liar;" bid him "go home," and "go to h—l?" Are these affectedly fastidious gentlemen so absurdly inconsistent as to accuse another of a vice, which they themselves do not hesitate to practise? Should they complain of the illiberality of these disclosures, let them attribute it to the ungentlemanly, the coercive measures which they employed to prevent me from addressing Mr. Key in vindication of myself. What is the character of, and who is Mr. Key, that he should load another with the vilest of epithets, and then wonder that the object of his unmerited vituperation should have the audacity to attempt a reply? Whence has he derived his self-importance, and his professional honours, save from the vanity of his disposition, and the matrimonial chair of Guy's Hospital?

With regard to Mr. Key's reply, on the subject of his broken promise.—Does Mr. Key consider the printed announcement of a promise indispensable to ensure its performance? If so, what must he say of his "invulnerable" colleagues, who had advertised, in their last year's prospectuses, that clinical lectures should be given. Have

those gentlemen given them? No.—Then Achilles, in attempting to excuse himself, has wounded those whom he had previously declared invulnerable. Mr. Editor, it is for endeavouring to uphold the rights of the students against the oppressive encroachments of these monopolists, that I am denied admittance into their Hospital; and that too, without being questioned as to the correctness of their allegements against me, or without being permitted to attempt the least justification of my conduct. All that I have done, has been to show the incorrectness, which even he himself admitted, of Mr. Key's conduct; and to urge pupils to stand forth in defence of their rights: under similar circumstances, I should feel myself justified in adopting the same measures again.

It will be asked, in whom this absolute authority is invested; or what man has a right to act in a manner so much at variance with the acknowledged principles of justice? My reply is, that the treasurer of Guy's Hospital is endowed with monarchial authority in that establishment. Though not a medical man, he is deemed most competent to pronounce upon the professional merits and efficiency of the medical officers, to elect them, at his own pleasure, to their offices. Should one of these well-bred surgeons choose to retreat from his word, and a pupil should have the presumption to manifest his displeasure at the misconduct, the treasurer can immediately expel him the hospital, without thinking it necessary to hear one word in his defence. Is it probable that young men will estimate so lightly their independence and freedom, as knowingly, to subject themselves to the power of such a system?

I remain, Sir, for the present,
Your obedient servant,
ALEXANDER HETT.

October 12, 1829.
No. 6, Maze Pond, Borough.

ORGANIC DISEASE OF THE BLADDER.

By J. COLES PARKER, Esq., M.R.C.S.

THE following case of organic disease of the bladder, shows how extensively and insidiously such diseases may go on, without corresponding symptoms showing themselves, until too late for any remedial measures to be of benefit.

Mrs. D., aged 56, married, but having had no children, of a sallow unhealthy appearance, ceased to menstruate for six years, during which time, she says her health was very good; has led rather a sedentary life. Sept. 2, 1829. She has felt for some time past, a slight uneasiness (not amounting to pain) across the lower part of the loins and abdomen; the urine is scanty in quantity, light coloured, emitting a powerful ammoniacal odour, and depositing a copious muco-purulent sediment, with occasionally very minute specks of blood. There is a slight pain, and a frequent desire to void the urine, and sometimes during the night it passes involuntarily. Not the least tenderness on pressure over the region of the bladder, nor after taking exercise. Pulse 80, tongue clean, bowels regular, and evacuations healthy in appearance; appetite good; sleeps well, &c. With these symptoms, the case went on without any material variation for six weeks, during which time she was cupped in the loins, had leeches applied to the pubis; emollient drinks; bals. copaib., &c.; counter irritation by ung. ant. tart. The catheter was not used, from her objection to it, and there being no complete retention of urine. At the expiration of this time, a disposition to sleep, with a continual sickness, came on so excessively, that not the most trifling thing, as a little jelly, would remain on the stomach. In this state she continued for ten days, when she died.

On opening the body 24 hours after death, the following appearances presented themselves. No indication of there having been peritoneal or intestinal inflammation; the stomach and intestines much distended with gas, and the mucous membrane of the former, particularly at the pyloric orifice, appears to have been excessively inflamed. The kidneys smaller and paler than natural; their pelves, and the ureters, distended with limpid straw-coloured urine, almost to bursting; they are twice their natural size, their coats being very thin and transparent. On attempting to force the urine on from the ureters into the bladder, it was impracticable, their terminations in that viscus being impervious. The bladder contracted to less than one half its original size; its parietes very much thickened; its mucous coat in a state of ulceration at certain parts, and in others, were growing from it, small dark tumours, formed of plexuses of vessels, and similar in appearance to varicose veins. The remaining abdominal viscera, &c., were healthy.

North Petherton, Somerset.
Oct. 2, 1829.

TYPHUS FEVER.—DR. CLANNY'S THEORY.

To the Editor of THE LANCET.

SIR,—I have just hastily glanced over the abstract of Dr. Clanny's lecture on typhus fever, contained in THE LANCET for September 29th, 1829. I dare not fully depict the

emotions of pleasure that I experienced in the perusal of this excellent discourse. I have also deviated from the generally adopted methods of treating this *princeps et comes morborum*, and have the notes of several cases, which I purpose, at the earliest convenient opportunity, to give to the public; and although my method of treatment is not precisely similar to Dr Clanny's, except in the moral part of it, yet I flatter myself the two will be found very satisfactorily to illustrate each other. Nor did I arrive at my conclusions by the same course of reasoning; I thought I had observed that certain medicines exercised a very beneficial influence in the cure of insanity, by its action on the stomach and head, and, therefore, since my residence in this place, I proceeded to ascertain its effects on headachs generally, as they occur in the sane; the result emboldened me to adopt it, first in mental irritation, and ultimately in typhus fever; the result has exceeded my sanguine expectations.

Sir, humble and obscure as I am, permit me to predict, that for this single lecture, Dr. William Reid Clanny, has well earned a niche among the benefactors of mankind.

I am, Sir, yours truly,

PAUL SLADE KNIGHT.

Glossop, near Manchester,
Sept. 26th, 1829.

LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—Having seen, in last Saturday's number of your valuable publication, "Student's" letter complaining of his having fallen, as he states, into a clap-trap, owing to the anatomical and surgical lectures at the London Hospital not being delivered as advertised; I may briefly state that his complaint is entirely without cause; for in the prospectuses distributed at the hospital, and also as inserted in the list of lectures published in your journal of the 26th ult., it was distinctly stated, that those lectures would be delivered conjointly by Messrs. Headington and Luke. Trusting you will insert this in your next number, and that THE LANCET will always continue as much distinguished for its strict impartiality as heretofore,

I remain, yours, &c.

A CONSTANT READER.

October 12th, 1829.

MEDICAL SCHOOL, ALDERSGATE STREET.

Mr. KING, on Monday morning last, at nine o'clock A. M., attended by several of the other teachers, commenced his career as demonstrator at the Medical School in Aldersgate Street. In his introductory remarks, he stated the system which he, and Mr. Evans, his colleague, should pursue; strongly impressing on the students the necessity of attention to the business of the dissecting room.

Mr. King expressed his high sense of the valued labours of his predecessor (Mr. Quain), whose deeply lamented indisposition has caused his withdrawal. He promised the students the most unremitting assistance, and every facility in his power towards acquiring a sound knowledge of his profession.

The number of pupils in attendance was very considerable, and Mr. King was most flatteringly received.

FLEXIBLE EAR TRUMPET.

Mr. POINTER, surgeon of Camden-town, has recently invented a flexible ear trumpet, which is constructed upon a new principle; soft and flexible gum elastic, commonly called Indian rubber, being substituted for the metallic substances usually employed in the manufacture of ear trumpets, which, by their strong vibrations, produce a painful sensation, equally on healthy organs of hearing, and diseased tympani. The very portable shape of the instrument, its facility in conveying sound, and its utterly innoxious qualities, render it a valuable acquisition to individuals suffering from a temporary or permanent affection of the ear. The outside is covered with velvet, braided, and has an ivory ear and mouth piece attached, which give it a very neat appearance, and it may be constructed of any length. Mr. Pointer is the inventor of the elastic gum pessary, mentioned some time since in the pages of this Journal.—(*From a correspondent.*)

ERGOT OF RYE.

"THE name of Dr. Blundell recalls a fact to my memory, regarding the ergot of rye, which has made some of my medical friends laugh while relating it, but which is, nevertheless, true. An old woman, a servant in the family, had a favourite Malay hen, which, to her great grief, was ten days with egg, without manifesting any inclination to lay, notwithstanding she was cooped up frequently. I told her to bring her hen up to the room in which I kept my medicines. I there thrust down her throat thirty grains of the ergot. The hen quickly after laid. Whether *post hoc* or *propter hoc*, let others determine. It speaks favourably for the ergot. I know it has been used here once, with marked effect.

"St. John's, Antigua,
"July 26th, 1829."

Pathological and Practical Researches on Diseases of the Stomach, and Intestinal Canal, the Liver, and other Viscera of the Abdomen. *By* JOHN ABERCROMBIE, M. D., Edinburgh. Waugh and Innes, 1828. 8vo. pp. 396.

THE influence which the inductive philosophy exercises in the science of medicine, is becoming as perceptible, as it is in almost every other branch of human learning, and that art which has hitherto been considered nearly the exclusive region of hypothesis, may yet be ranked with the exact sciences, and present results analogous, in their magnitude and importance, to those which are obtainable in other departments of natural history. The most splendid of theories, or the most imposing of systems, will obtain a less brilliant fame for its inventor, and be far less esteemed in the present day, than the discovery of a single important fact; and the rigid interpretation of nature is found to be the only means of eliciting truths, of commanding success in medicine, and of ensuring permanent honour to its author.

In the able work before us, Dr. Abercrombie attributes the hitherto slow progress of medical science to two causes; the assumption of principles altogether gratuitous and imaginary, and the deduction of general principles, or conclusions, from a limited number of facts. The theories of the former may be considered to be almost independent of all observation, and the doctrines of the latter, though they have an apparent foundation in facts, are framed without due inquiry whether those facts are universal. The best means of eschewing these errors is, to bear in mind the important principle, that the object of physical science is "to ascertain the universality of facts." To every doctrine we ought to apply this test, "Is it built upon facts, and are those facts universal?" The fugitive nature of the truths which constitute the basis of the healing art, renders a sober and patient exercise of attention peculiarly necessary; the pathologist has oftentimes a tedious task to perform, in establishing the universality of a fact; he is often tempted to quit the rugged road of induction, for the flowery path of fanciful analogy. To this temptation we may fairly ascribe the various absurdities into which alchymical and mechanical physicians, the humoralists and the solidists, are perpetually falling.

Dr. Abercrombie has already furnished the public with an excellent work on the pathology of the brain. In the present production, he has made known the result of his practical and pathological researches in diseases of the chylopoietic, and assistant chylopoietic viscera. He professes to furnish facts in a concise and accessible form, and to advance to conclusions by "the first step of the most cautious induction." In opposing his opinions to the opinions of others, he submits both, to the rigid test of observation. His work is divided into five parts, in reference to the five organs to which it relates; the stomach, the intestinal canal, the liver, the spleen, and the pancreas. The two former are treated at some length, and with an eye both to the pathology and practice of the subjects; the three latter are considered with a more immediate reference to the changes which they undergo in disease.

In a preliminary section, he makes a brief exposition of the alterations to which the serous, muscular, and mucous tissues are liable. Serous membranes are subject to simple thickening, which is seen most strikingly in the peritoneum, and is the result of chronic inflammation; to tubercular disease, the entire surface of the membrane being studded with numberless tubercles, generally very small, and of firm consistence, appearing to be invested with cysts, and presenting the general characters of this morbid growth; and to another affection, often met with in the peritoneum, appearing in its nature to be quite distinct from tubercular disease, and consisting in the surface of the membrane being covered by nodules of various shapes and sizes, of a semi-pellucid character, and smooth, rounded, surface. This is the disease described by Dr. Baron, and supposed by him to be of the nature of hydatids. On first inspection it has a resemblance to this animalcule, but it is of an entirely different nature. The nodules are of a uniformly fine and gelatinous consistence; they do not appear to be covered by any cyst, and are entirely soluble in boiling water.

The muscular tunic of these organs is liable to a morbidly increased, but uniform and harmonious, action, which appears to proceed

the summer we have had some precious *doings*. It is my intention, at present, to trouble you only with a few of these.

In the first place, allow me to ask you, if you think the following specimen of our Infirmary surgery calculated to inspire the student with ideas of sound chirurgical?—A young man, a sailor, about 24 years of age, of a weak and debilitated constitution, was admitted, during the spring of the former year, under the care of Dr. J. Couper, with non-union of the humerus. He had his arm broken, a considerable time before, by his falling from the rigging of a vessel, in which he was employed. The bone protruded through the skin, and a portion had to be removed before it could be reduced. Dr. Couper frequently declared, in the presence of the students, that, from the account of the patient, he appeared to have been most judiciously treated; yet, notwithstanding all this, when his good, or rather evil, fortune directed him to the Glasgow Royal Infirmary, in an impaired state of health, we were told, that nothing less than an operation was contemplated. Now what operation could be of any advantage to the poor fellow, except the removal of a useless member, I was totally at a loss to imagine; but this, it appeared, was not to take place; nothing, in short, would satisfy our worthy surgeons but cutting down upon the bone, and exposing and removing a portion of its reunited surfaces. The day for the performance of the operation was already fixed, but, in the meantime, an attack of enteritis supervened, which obliged them to defer it. From the treatment necessarily employed for the patient's recovery, he was left in a wretched state of debility. In this condition he was sent to the country, with injunctions to return at the end of a fortnight and have the operation performed. He did return, and shortly after his re-admission into the hospital, he was placed under the care of Dr. Auchinloss, who performed the operation, without its being followed by any benefit. Now, I ask you, Sir, if this was a warrantable operation? The man, it was confessed, had been most judiciously treated. Every attention had been paid him, and, if the bone did not reunite when he was in a state of excellent health, was it, I ask, at all probable that union would take place, after the poor fellow had been weakened so by confinement and disease?

Having mentioned this case, perhaps you will allow me to inquire, if it is customary, in the hospitals of the metropolis, to employ the saw more frequently than once in amputation; and, if employed at two successive operations, whether it would be accounted a specimen of, what we, in these parts, call bungling, or an accident which might happen to the most gifted operator? You may answer this question at your leisure, and, at the same time, may as well tell me, if operations for artificial pupil are usually performed in private, and if privacy, in such cases, is essential to the safety of the patient?

Probably you are not aware that our infirmary surgeons are famous for their love of propriety. Nothing, indeed, can exceed the purity of their morals; every case where exposure can, in any way, wound the feelings of female delicacy is kept religiously sacred. None are allowed to approach her but the surgeon, his friend, and his class. Many whispers are afloat among the students on a case of this kind, which lately occurred; but, from the impenetrable mystery in which the whole is involved, I have not only felt considerable difficulty, but have been totally unable to obtain any account on which implicit reliance can be placed. Report does, however, say, that it became necessary to remove one of the nymphæ from a patient in the infirmary, and the operation, as a matter of course, was to be private. How far privacy was observed in this case our hospital functionaries best know, if it be true, as has been asserted, that the apprentices of the operating surgeon were allowed to be present, at the very moment the students of the hospital were denied admission. So much for the justice, the impartiality, and, though last not least, the conscience, of a hospital surgeon.

I was here about to close my letter, and intended reserving a few remarks on a case of lithotomy, which we will suppose might occur in a Royal Infirmary, to a future opportunity; but when I remembered that this anticipated opportunity might be somewhat distant, and that there was still a portion of my paper unoccupied, I thought I could not do better than embrace the present occasion. It is by no means my intention to describe every step and circumstance of this supposed—only supposed—operation. We may merely amuse ourselves by imagining, that, after a devout perusal of Mr. Key's admirable little book on lithotomy, a certain surgeon, no matter whom, is to proceed to the performance of this operation, and that a wonderful crowd of young and old, grave and gay, have assembled on the occasion, to witness the operator's dexterity. For the sake of data, we will say the patient might be fifty, that the usual external incisions are made with the scalpel, the membranous part of the urethra opened, and the lithotome run along the groove of the staff into the bladder. Having supposed all this, we may likewise imagine that we see, first the finger, then the forceps, successively passed into the wound; but whether the opening in the bladder is too small to admit of their introduction, is, of

course, no business of ours to inquire. We will now think—only think—we behold the scalpel once, twice, aye, perhaps even thrice applied to enlarge the wound, and, after all this, that the forceps are at length introduced, and the stone extracted, with some difficulty, on account of its being attached, as is said, to the fundus of the bladder, at the end of six, or perhaps seven, minutes. We will now suppose the patient put to bed; that he passes his fæces by the wound; that he complains of insupportable pain on going to stool, and that this statement of the patient is confirmed by the testimony of his wife, who attends him; that he gets worse and worse, until the fourth or fifth day, when he dies. Being dead, we will next suppose his body inspected, and be so foolish as to expect that this will be done publicly, in the presence of the assembled students, that every imputation may be removed, and if there should, as is insinuated, have been any error committed, that it may be held up as a beacon for those entering the profession to avoid, by a candid and honourable avowal. Being disappointed, however, in this expectation, we may as well reverse the picture, and suppose it done in secret and in private; that no information is given the students of the same; that inquiries on the subject meet with indefinite and contradictory replies; and that it is done at an hour when few, if any, can possibly be present. Into this cause of privacy and concealment, it of course does not become either you or me to intrude; but, on the following day, we may as well suppose ourselves seated in the operating theatre of a Royal Infirmary; that a small portion of a rectum, with the bladder attached, is brought before us; that we are told there is no opening whatever in the rectum; that what the patient and his wife asserted was fæces, was MUCUS—merely MUCUS. We will next imagine some of the students (unbelieving dogs) requesting the house-surgeon to hand them the preparation, and that one of them succeeds in passing his finger through the rectum into the womb, and that he has the impudence to point out the same to his fellow students, who are so very foolish as to believe this opening has actually been caused by the knife, and is not, as in a former case of lithotomy, the result of ulceration.

The consideration of this supposed case of lithotomy has occupied so much space, that I must, however unwillingly, for the present, postpone some other observations to a future epistle.

I am, Sir, your most obedient servant,

AN INFIRMARY STUDENT.

Glasgow, Oct. 2, 1829.

DR. KNOX'S THEORY OF HERMAPHRODISM.

THE *Edinburgh Journal of Natural Science*, for the present month, a new periodical, has published the following theory of hermaphrodism, as the abstract of a lecture lately delivered by Dr. Knox to his class of comparative anatomy. It is the intention of the learned lecturer to make public the whole of his inquiry into this recondite subject, through the medium of the Royal Society, Edinburgh. Few men in this country have pushed actual research into comparative anatomy further than Dr. Knox, and in this abstract is contained the germ of deep and important views in philosophical anatomy,—a subject discussed by more persons who carry no real anatomical research to the inquiry, than by those who do.

Dr. KNOX stated, that it was by no means his intention to submit to the class the whole of the inquiries he had been engaged in on the subject of hermaphroditic structure; neither would he occupy their attention with the details which had led him insensibly to the adoption of those views, a portion of which it was his intention to lay before them; but being pledged to produce these inquiries elsewhere, he would limit himself entirely to a bare announcement of some of the more striking results.

"The object of this inquiry had been twofold. *First*, To explain the doctrine of the ancients, as to the double course of the seminal fluids from the ovaria; and this led to the *determination* of the organs minutely described by Casper, Bauhin, Malpighi, and others, in certain ruminating and pachydermatous animals,—organs which they took for portions of female structure, because they were found in females, and for which they invented functions, in direct contradiction to their anatomical structure, adding thereby errors in matter of fact, to errors in theory or speculation. These organs, Dr. KNOX proved to be the remains of *male organs*, though existing in the females of the ruminants; and this proof was fully borne out by his own dissections, by those of Mr. Hunter, and of all anatomists, though conducted by quite other views. To show how extended the errors were on this matter, the lecturer referred to a late number of the *Annales du Muscum*, where these organs, which have been so well described by Bauhin, Malpighi, in his letter to Spon, Gærtner, and many others, and whose anatomical connexions cannot possibly escape the notice of any careful anatomist, are denominated utero-

vaginal ducts, although they have never, in any instance, been found to communicate with the uterus, and were moreover shown by Dr. Knox to have no connexion whatever with *the system of female organs.*

"*Secondly*, To determine what are male and what female generative organs, and the laws of formation with regard to these systems. The law was shown to be simple and hermaphroditical, and the *doctrine of analogies*, as laid down by ancient and modern anatomists, was endeavoured, by the lecturer, to be disproved, and was declared, by him, to be contrary to daily observation, and to common sense.

"The type, apparently, agreeably to which nature (selecting, as seems usual, the most complex) had formed the generative organs, was hermaphroditical, and the organs being restricted to male and female, in those groups of animals whose functions and organization required that two individuals should constitute the species; but it was also shown, that the type existed in many animals, and that even in those species in which the sexes were most strikingly separated, the rudiments of all, or of many of the organs, required by nature to constitute the original type, remained as evidence of her great plan. Finally, aberrations from regular structure, as regards the generative organs, hitherto described as hermaphrodites, lusus naturæ, monsters, ill-formed males or females, &c., were reduced to the simple law of *a return to the original type.*"

OUTRAGE BY MESSRS. KEY AND COOPER AT GUY'S.

To the Editor of THE LANCET.

SIR,—As you have taken an interest in the proceedings of last Tuesday evening, at Guy's Hospital, in which, in consequence of the conduct of Mr. Bransby Cooper, I was unavoidably compelled to take a more active part than I had previously intended, I trust you will allow me the early insertion of a few remarks, relative to the transactions on that occasion. Those who were not present, or have not perused your last number, will find, by referring to it, an ample detail of the proceedings, and will learn how conspicuous a figure Mr. Bransby Cooper then cut. It would appear from the position which this gentleman took in the Theatre, among the pupils, that he was deputed to fill it by his colleagues, as the most fit person to perform his menial and disgraceful office. Mr. Bransby Cooper, seemingly conscious of the grade to which his attainments may be considered to entitle him, said, on that occasion, that he then only felt himself to be a *pupil*, and having done so, proceeded to accuse me of having come there wholly for the purpose of interrupting the lecturer; and charged me with using language too vile for *his* lips to repeat, or for Mr. Key to hear. —In answer to the former accusation, I beg to state, Sir, that I *did not* go purposely to interrupt the lecturer, but to participate, with many others, in manifesting my disapproval of Mr. Key's violation of promise in omitting to give the prize which he had offered to the best-informed of his pupils.—What language I *could* have employed "too vile" to be named by Mr. Bransby Cooper, or to be heard by Mr. Key, I am at a loss to conjecture. Those who have been accustomed to frequent the annual meeting of the pupils and surgeons of Guy's Hospital, or who were present when Mr. Key paid a well-remembered visit to a certain patient, No. 10 in the Accident ward, will readily absolve me from the guilt of so improbable, so impossible an allegation. Does not Mr. Bransby Cooper recollect, at the last anniversary dinner, his making use of language with which one gentleman (the father of one of the pupils) was so much disgusted that he left the room? Has Mr. Charles Aston Key forgotten the language he employed to Thomas Grant, the fishmonger, who was admitted into the Accident ward on the 20th of May last, (and who now resides near the Old West Country Packhorse, Turnham Green) upon his, Mr. Key's, being accused by this patient of actually re-breaking a recently united fracture of his thigh; did not he, amidst a torrent of vociferations, tell the man, in the ward, that he was a "d——d liar;" bid him "go home," and "go to h—l?" Are these affectedly fastidious gentlemen so absurdly inconsistent as to accuse another of a vice, which they themselves do not hesitate to practise? Should they complain of the illiberality of these disclosures, let them attribute it to the ungentlemanly, the coercive measures which they employed to prevent me from addressing Mr. Key in vindication of myself. What is the character of, and who is Mr. Key, that he should load another with the vilest of epithets, and then wonder that the object of his unmerited vituperation should have the audacity to attempt a reply? Whence has he derived his self-importance, and his professional honours, save from the vanity of his disposition, and the matrimonial chair of Guy's Hospital?

With regard to Mr. Key's reply, on the subject of his broken promise.—Does Mr. Key consider the printed announcement of a promise indispensable to ensure its performance? If so, what must he say of his "invulnerable" colleagues, who had advertised, in their last year's prospectuses, that clinical lectures should be given. Have

these gentlemen given them? No.—Then Achilles, in attempting to excuse himself, has wounded those whom he had previously declared invulnerable. Mr. Editor, it is for endeavouring to uphold the rights of the students against the oppressive encroachments of these monopolists, that I am denied admittance into their Hospital; and that too, without being questioned as to the correctness of their allegements against me, or without being permitted to attempt the least justification of my conduct. All that I have done, has been to show the incorrectness, which even he himself admitted, of Mr. Key's conduct; and to urge pupils to stand forth in defence of their rights: under similar circumstances, I should feel myself justified in adopting the same measures again.

It will be asked, in whom this absolute authority is invested; or what man has a right to act in a manner so much at variance with the acknowledged principles of justice? My reply is, that the treasurer of Guy's Hospital is endowed with monarchial authority in that establishment. Though not a medical man, he is deemed most competent to pronounce upon the professional merits and efficiency of the medical officers, to elect them, at his own pleasure, to their offices. Should one of these well-bred surgeons choose to retreat from his word, and a pupil should have the presumption to manifest his displeasure at the misconduct, the treasurer can immediately expel him the hospital, without thinking it necessary to hear one word in his defence. Is it probable that young men will estimate so lightly their independence and freedom, as knowingly, to subject themselves to the power of such a system?

I remain, Sir, for the present,
Your obedient servant,
ALEXANDER HETT.

October 12, 1829.
No. 6, Maze Pond, Borough.

ORGANIC DISEASE OF THE BLADDER.

By J. COLES PARKER, *Esq.*, *M. R. C. S.*

THE following case of organic disease of the bladder, shows how extensively and insidiously such diseases may go on, without corresponding symptoms showing themselves, until too late for any remedial measures to be of benefit.

Mrs. D., aged 56, married, but having had no children, of a sallow unhealthy appearance, ceased to menstruate for six years, during which time, she says her health was very good; has led rather a sedentary life. Sept. 2, 1829. She has felt for some time past, a slight uneasiness (not amounting to pain) across the lower part of the loins and abdomen; the urine is scanty in quantity, light coloured, emitting a powerful ammoniacal odour, and depositing a copious muco-purulent sediment, with occasionally very minute specks of blood. There is a slight pain, and a frequent desire to void the urine, and sometimes during the night it passes involuntarily. Not the least tenderness on pressure over the region of the bladder, nor after taking exercise. Pulse 80, tongue clean, bowels regular, and evacuations healthy in appearance; appetite good; sleeps well, &c. With these symptoms, the case went on without any material variation for six weeks, during which time she was cupped in the loins, had leeches applied to the pubis; emollient drinks; bals. copaib., &c.; counter irritation by ung. ant. tart. The catheter was not used, from her objection to it, and there being no complete retention of urine. At the expiration of this time, a disposition to sleep, with a continual sickness, came on so excessively, that not the most trifling thing, as a little jelly, would remain on the stomach. In this state she continued for ten days, when she died.

On opening the body 24 hours after death, the following appearances presented themselves. No indication of there having been peritoneal or intestinal inflammation; the stomach and intestines much distended with gas, and the mucous membrane of the former, particularly at the pyloric orifice, appears to have been excessively inflamed. The kidneys smaller and paler than natural; their pelves, and the ureters, distended with limpid straw-coloured urine, almost to bursting; they are twice their natural size, their coats being very thin and transparent. On attempting to force the urine on from the ureters into the bladder, it was impracticable, their terminations in that viscus being impervious. The bladder contracted to less than one half its original size; its parietes very much thickened; its mucous coat in a state of ulceration at certain parts, and in others, were growing from it, small dark tumours, formed of plexuses of vessels, and similar in appearance to varicose veins. The remaining abdominal viscera, &c., were healthy.

North Petherton, Somerset.
Oct. 2, 1829.

TYPHUS FEVER.—DR. CLANNY'S THEORY.

To the Editor of THE LANCET.

SIR,—I have just hastily glanced over the abstract of Dr. Clanny's lecture on typhus fever, contained in THE LANCET for September 19th, 1829. I dare not fully depict the

emotions of pleasure that I experienced in the perusal of this excellent discourse. I have also deviated from the generally adopted methods of treating this *princeps et comes morborum*, and have the notes of several cases, which I purpose, at the earliest convenient opportunity, to give to the public; and although my method of treatment is not precisely similar to Dr Clanny's, except in the moral part of it, yet I flatter myself the two will be found very satisfactorily to illustrate each other. Nor did I arrive at my conclusions by the same course of reasoning; I thought I had observed that certain medicines exercised a very beneficial influence in the cure of insanity, by its action on the stomach and head, and, therefore, since my residence in this place, I proceeded to ascertain its effects on headache generally, as they occur in the sane; the result emboldened me to adopt it, first in mental irritation, and ultimately in typhus fever; the result has exceeded my sanguine expectations.

Sir, humble and obscure as I am, permit me to predict, that for this single lecture, Dr. William Reid Clanny, has well earned a niche among the benefactors of mankind.

I am, Sir, yours truly,

PAUL SLADE KNIGHT.

Glossop, near Manchester,
Sept. 26th, 1829.

LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—Having seen, in last Saturday's number of your valuable publication, "Students's" letter complaining of his having fallen, as he states, into a clap-trap, owing to the anatomical and surgical lectures at the London Hospital not being delivered as advertised; I may briefly state that his complaint is entirely without cause; for in the prospectuses distributed at the hospital, and also as inserted in the list of lectures published in your journal of the 26th ult., it was distinctly stated, that those lectures would be delivered conjointly by Messrs. Headington and Luke. Trusting you will insert this in your next number, and that THE LANCET will always continue as much distinguished for its strict impartiality as heretofore,

I remain, yours, &c.

A CONSTANT READER.

October 12th, 1829.

MEDICAL SCHOOL, ALDERSGATE STREET.

Mr. KING, on Monday morning last, at nine o'clock A. M., attended by several of the other teachers, commenced his career as demonstrator at the Medical School in Aldersgate Street. In his introductory remarks, he stated the system which he, and Mr. Evans, his colleague, should pursue; strongly impressing on the students the necessity of attention to the business of the dissecting room.

Mr. King expressed his high sense of the valued labours of his predecessor (Mr. Quain), whose deeply lamented indisposition has caused his withdrawal. He promised the students the most unremitting assistance, and every facility in his power towards acquiring a sound knowledge of his profession.

The number of pupils in attendance was very considerable, and Mr. King was most flatteringly received.

FLEXIBLE EAR TRUMPET.

Mr. POINTER, surgeon of Camden-town, has recently invented a flexible ear trumpet, which is constructed upon a new principle; soft and flexible gum elastic, commonly called Indian rubber, being substituted for the metallic substances usually employed in the manufacture of ear trumpets, which, by their strong vibrations, produce a painful sensation, equally on healthy organs of hearing, and diseased tympani. The very portable shape of the instrument, its facility in conveying sound, and its utterly innoxious qualities, render it a valuable acquisition to individuals suffering from a temporary or permanent affection of the ear. The outside is covered with velvet, braided, and has an ivory ear and mouth piece attached, which give it a very neat appearance, and it may be constructed of any length. Mr. Pointer is the inventor of the elastic gum pessary, mentioned some time since in the pages of this Journal.—(*From a correspondent.*)

ERGOT OF RYE.

"THE name of Dr. Blundell recalls a fact to my memory, regarding the ergot of rye, which has made some of my medical friends laugh while relating it, but which is, nevertheless, true. An old woman, a servant in the family, had a favourite Malay hen, which, to her great grief, was ten days with egg, without manifesting any inclination to lay, notwithstanding she was cooped up frequently. I told her to bring her hen up to the room in which I kept my medicines. I there thrust down her throat thirty grains of the ergot. The hen quickly after laid. Whether *post hoc* or *propter hoc*, let others determine. It speaks favourably for the ergot. I know it has been used here once, with marked effect.

"St. John's, Antigua,
"July 26th, 1829."

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In the able work before us, Dr. Abercrombie attributes the hitherto slow progress of medical science to two causes; the assumption of principles altogether gratuitous and imaginary, and the deduction of general principles, or conclusions, from a limited number of facts. The theories of the former may be considered to be almost independent of all observation, and the doctrines of the latter, though they have an apparent foundation in facts, are framed without due inquiry whether those facts are universal. The best means of eschewing these errors is, to bear in mind the important principle, that the object of physical science is "to ascertain the universality of facts." To every doctrine we ought to apply this test, "Is it built upon facts, and are those facts universal?" The fugitive nature of the truths which constitute the basis of the healing art, renders a sober and patient exercise of attention peculiarly necessary; the pathologist has oftentimes a tedious task to perform, in establishing the universality of a fact; he is often tempted to quit the rugged road of induction, for the flowery path of fanciful analogy. To this temptation we may fairly ascribe the various absurdities into which alchymical and mechanical physicians, the humoralists and the solidists, are perpetually falling.

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In a preliminary section, he makes a brief exposition of the alterations to which the serous, muscular, and mucous tissues are liable. Serous membranes are subject to simple thickening, which is seen most strikingly in the peritoneum, and is the result of chronic inflammation; to tubercular disease, the entire surface of the membrane being studded with numberless tubercles, generally very small, and of firm consistence, appearing to be invested with cysts, and presenting the general characters of this morbid growth; and to another affection, often met with in the peritoneum, appearing in its nature to be quite distinct from tubercular disease, and consisting in the surface of the membrane being covered by nodules of various shapes and sizes, of a semi-pellucid character, and smooth, rounded, surface. This is the disease described by Dr. Baron, and supposed by him to be of the nature of hydatids. On first inspection it has a resemblance to this animalcule, but it is of an entirely different nature. The nodules are of a uniformly fine and gelatinous consistence; they do not appear to be covered by any cyst, and are entirely soluble in boiling water.

The muscular tunic of these organs is liable to a morbidly increased, but uniform and harmonious, action, which appears to proceed

from causes of irritation, applied to the internal surface of these cavities; to a morbidly increased, but partial and irregular, action, arising, chiefly, from morbid irritability of *small portions* of the internal surface; to diminution, or loss of muscular power, resulting from two causes, over-distension and inflammation; and to thickening of the muscular coat, which has been described by Louis, and other French writers, under the name of *hypertrophia ventriculi*; as particularly occurring in the stomach.

The mucous membrane is obnoxious to inflammation and its consequences. This appears in various degrees, of which the causes are unknown. The effect of the lowest degree of inflammation of this coat is, simply, an increase of its proper secretions, more or less changed in its qualities. In another stage of inflammation, aphthous crusts are formed, and a third deposition of false membrane takes place. In a higher grade, inflammation of the mucous tunic terminates by remollisement, or a degeneration of portions of the membrane; these fall out and leave spaces, which are apt to ulcerate. A uniform, dark softening, resembling gangrene, occasionally happens, as well as adhesion of the opposite surfaces of this membrane, producing obliteration of the intestinal channel. A chronic form of inflammation now and then exists, and is distinguished by increased and morbid secretion, which induces a thickened and indurated state of parts, and consequently a diminution of cavity. Fungous growths not unfrequently spring from the diseased mucous surface. The lining of the chylopoietic viscera is also subject to diseases of the follicles; to disease of a tubercular character; and to diseases of the part concerned in the absorption of the alimentary matter, which, though elaborated in the usual manner, passes off without entering into the circulation.

"There are few points in medical science," observes Dr. Abercrombie, "which have undergone more discussion than affections of the stomach: and yet, it must be confessed, that when we come to investigate the subject, according to the rules of pathological induction, we find little that is satisfactory. This has, in part, arisen from numerous difficulties which attend the investigation. Many of the affections of the stomach, though productive of much and protracted discomfort, are not apt to be fatal; and thus few opportunities occur of investigating their pathology, except when the patient dies of another disease. The great proportion of these seem also to be entirely of a functional nature, leaving no morbid appearance that can be discovered after the death of the patient; and, in others, the appearances are of so doubtful a kind, that they do not afford sufficient ground for any precise principle in pathology. In a practical point of view, also, this is perhaps more encumbered with uncertainty than almost any other department of medical practice; for the diseases are so much under the influence of moral and other adventitious causes, that the action of remedies is aided, modified, or counteracted, in a manner which entirely eludes our observation, and is often altogether beyond our control. From these various causes, diseases of the stomach have presented a wide field for speculation, conjecture, and empiricism; a vague and indefinite phraseology has often been allowed to take the place of principles; and the whole subject is removed, in some measure, out of the usual limits of pathological inquiry. Amid this uncertainty, we must endeavour to discover what is the pathological truth; and, should this prove to be more limited than a slight view of the subject might lead us to expect, something will at least be done by ascertaining its extent, and tracing the course by which it may be enlarged.

"I shall consider affections of the stomach under three classes:—I. Affections of an inflammatory kind, including ulceration and its consequences.—II. Affections which more properly come under the class of organic.—III. Functional affections,—embracing a slight outline of the subject of dyspepsia.—In an appendix, I shall briefly allude to the affections of the œsophagus—and the duodenum—and to derangement of the functions of the stomach by tumours attached to it externally."—p. 10.

We could now quote from our author most freely and most advantageously; but the work is of so entire a nature, that it is difficult, without devoting to it a space which we cannot afford, to limit the extracts we should be tempted to make. The *forte* of Dr. Abercrombie consists in luminous arrangement, and as we recommend this volume most heartily to our readers, we shall rather seek for those portions of it which may be most appropriately isolated.

An interesting account of the pathology of dyspepsia, occurs at page 68.

"For the healthy condition of the process of digestion, in all its stages, the following circumstances appear to be necessary:—

"1. A healthy state of the muscular action of the stomach.

"2. A healthy, consecutive, and harmonious action of the muscular coat of the intestinal canal.

"3. A healthy state of the fluids of the stomach, both as to quality and quantity.

"4. A healthy state as to quality and quantity of the other fluids, derived from the liver, pancreas, and intestinal membrane.

"5. A healthy state of the mucous membrane itself, both in the stomach and intestines.

"The dependence of the function of digestion upon the influence of the eighth pair of nerves, is among the most beautiful discoveries of modern physiology; but nothing of a practical nature has hitherto been deduced from it."

A deficiency of one or more of these conditions constitutes dyspepsia.

"In the regulation of the diet for all affections of the stomach, strict attention must always be paid to the nature and source of the disease. Animal food is, in general, the most digestible, but there are many cases which depend upon an irritable state of the mucous membrane, in which the diet found to be beneficial or even necessary, is one restricted to farinaceous articles and milk. The higher degrees of this affection, in which the disease amounts to inflammation of the mucous membrane, have already been referred to; but there appear to be modifications of it, which, without assuming this formidable character, have a similar effect on the functions of the stomach, and require similar treatment, especially in regard to diet. The subject is one of great interest, and opens a most important field of observation to him who, renouncing a mere empirical treatment of dyspeptic affections, shall direct his attention to the important varieties in the nature and source of the disease. Such a person will be astonished to find the improvement which is made in certain cases, under a diet restricted entirely to rice, arrow-root, or bread and milk, with total abstinence from all stimulating liquors, after the patient had spent years of wretchedness upon animal diet, with wine, or brandy and water, and the usual round of stomachic remedies. Other cases, again, agree better with animal diet in very small quantity, and the moderate use of stimulating liquors. The diagnosis is often difficult, and must be guided more by the judgment and attention of the practitioner, than by any general rule."

The author then treats successively of gastrodynia, chronic vomiting, pyrosis, hæmatemesis, and sympathetic affections of the stomach.

"Sympathetic affections of the heart," he observes, "are often among the most troublesome symptoms that accompany affections of the stomach, and are always the most alarming to the patient. They appear under various forms, and frequently assume, in a very great degree, all the characters of fixed disease of the heart or large vessels. The slightest, and perhaps the most common, form, consists of a momentary feeling of a rolling or tumbling motion of the heart, like that which is produced by a sudden surprise or fright, and it is accompanied by an intermission of the pulse. This feeling may be repeated only once or twice at a time, and occur at long intervals; or it may return in rapid succession for half an hour, or an hour together; or it may be felt occasionally, at irregular intervals, for several days or weeks, or for a still longer period. It is sometimes accompanied by a feeling as if the heart were violently grasped. In other cases, the affection assumes the form of continued fits of palpitation, or strong and irregular action of the heart, which continue without any remission for an hour or more at a time, and recur in this manner daily, or several times in a day, for a length of time; or recur at uncertain intervals. In other cases, again, these fits of palpitation continue for several days together. They are of course accompanied by irregularity of the pulse, when the action of the heart is itself irregular; but frequently there is no irregularity in the action—the affection merely consisting of a strong pulsation, which the patient feels or hears throbbing in his ear, and can count distinctly by the sound, especially when he lies in bed. In other cases, again, there is only an increased frequency of the action of the heart, showing itself by paroxysms of quick pulse, accompanied with a feeling of anxiety, continuing for an hour or two at a time, without any irregularity. I shall mention in the sequel a remarkable case, in which an affection of this kind continued with little remission for a year. Betwixt the various forms of this affection and disease of the heart, the principal diagnosis consists in the pulse being regular, and the action of the heart natural, during the intervals between the attacks,—in an obvious connexion with disorders of the stomach, and relief by treatment directed to that organ,—and particularly by the symptoms being most apt to occur while the patient is at rest, especially after meals,—not being increased by bodily exercise, but rather relieved by it,—and not being excited by such bodily exertion as we should naturally expect immediately to influence a disease of the heart. The affection is at all times very alarming to a patient, and is sometimes perplexing to the practitioner; for, from the permanency of the symptoms,

they certainly often assume, in a great degree, the character of disease of the heart, and may even exhibit some of the stethoscopic signs, particularly the *bruit de soufflet*. There is also, in many cases, a considerable degree of dyspnœa, and sometimes there are paroxysms of it of considerable urgency.

"A gentleman, aged 48, in November, 1825, began to be affected with paroxysms of palpitation of the heart, and intermission of the pulse. They attacked him daily, sometimes twice or three times a day, and generally continued about an hour at each time, and they were occasionally accompanied with a considerable degree of dyspnœa. During the intervals, the pulse was calm and regular, and the action of the heart quite natural. The period of the attack was generally soon after meals; but it likewise occurred at various other times; sometimes on first getting up in the morning, and sometimes during the night. During the paroxysm, he could take walking exercise without increasing the symptoms. His digestion was imperfect, and his stomach easily disordered; his bowels were rather slow, and the motions were dark and unhealthy. A great variety of treatment, and every possible variety of diet, were employed with very little benefit. He went to London, and then to Cheltenham, where much treatment was again had recourse to with little effect. He sometimes lost greatly in flesh and strength, and sometimes improved again; his digestion was sometimes better and sometimes worse; but, amid all these changes, the affection of the heart continued in the same form, namely, paroxysms of violent palpitation of about an hour's duration, occurring once or twice every day, and at no stated hours. After the affection had continued in this manner for two years and a half, it at last subsided under the use of the colchicum wine, in very moderate doses. I do not attempt to account for the action of the remedy in this singular case; it acted at first strongly as a purgative, so that he was only able to take ten drops of the wine twice a day. The patient's own account of the effect of it is in these words: "At the time of commencing the use of the colchicum, I had once, at least, every day, a severe fit of palpitation of an hour's duration; often two, and sometimes three fits in a day. So immediate was the effect of the colchicum, that, with the exception of the first and third days after beginning its use, I have not had a single paroxysm of the palpitation." He adds, that he continued the use of it for a month, and then left it off entirely; and that the quantity did not in general exceed from fifteen to twenty drops in a day."

Dr. Abercrombie thus treats of the pathology of the intestinal canal:—

"In attempting to trace the pathology of the intestinal canal, we have to keep in mind the three distinct structures of which it is composed, namely, the peritoneal, the muscular, and the mucous coats. These structures perform separate functions, and are liable to be the distinct seats of disease. One of the most interesting points in this investigation, is to trace the different classes of symptoms which arise from, or are connected with, these varieties of structure. This, I think, we are enabled to do with some degree of accuracy, by tracing, in other parts of the body, in which the three structures are more distinct from one another, the leading phenomena connected with the diseases of each. Thus, from ample observation, we have reason to believe, that the most frequent result of inflammation in a serous membrane, is deposition of false membrane,—in a mucous membrane, ulceration,—and in a muscular part, gangrene. There are various modifications of these terminations, but these now mentioned are the most prominent, and the most peculiar to the different structures. When, therefore, in a fatal disease of the intestinal canal, we find ulceration of the internal surface, we have reason to conclude that the disease has been seated chiefly in the mucous membrane; when we find only false membrane, that it has been in the peritoneum; when we find gangrene, that the muscular coat had been affected; and when we find both gangrene and false membrane, that both the muscular and peritoneal coats were involved in the disease.

"In tracing the symptoms connected with inflammatory affections of the abdomen, we we find them resolving themselves into three most important modifications. Thus we meet with inflammation existing in the intestinal canal, with a perfectly natural state of the bowels, with a loose state of them, and with a state of insuperable obstruction. In the progress of this investigation, we shall see reason to believe, that these three states of disease, so different from each other, are connected with three distinct varieties in the seat of the inflammation; that when it is seated in the mucous membrane, there is an irritable state of the bowels, assuming the characters of untractable diarrhœa or dysentery; that, when the muscular coat is affected, there is obstruction of the bowels; and that inflammation may exist in the peritoneal coat alone, and go on to a fatal termination, while the functions of the bowels continue in a perfectly natural state, through the whole course of the disease. It is necessary to anticipate these results, in connection with the arrangement of this extensive subject. But, besides the various forms of inflammatory affections of the intestinal canal, there is a class of diseases entirely

distinct, namely, that which affects it simply as a muscular organ. This includes the various modifications of ileus, which, though it very often terminates by inflammation and its consequences, is, in its early stages, to be considered as a disease of the canal, affecting chiefly its muscular action. The investigation of the pathology of the intestinal canal might, therefore, divide itself into diseases affecting it as a muscular organ, including the varieties of ileus, and the inflammatory diseases under three classes; namely, 1st. simple peritonitis, without any derangement of the muscular action of the bowels; 2d. Peritonitis, combined with obstruction of the bowels, constituting the disease commonly called enteritis; 3d. Inflammation of the mucous membrane. This is, perhaps, the correct pathological division of the subject, but I think it answers the purposes of practical utility, to consider peritonitis and enteritis together, and the diseases of the mucous membrane separately. On this plan, an actual division of the subject may be made into, 1. Ileus; 2. The inflammatory affections of the more external parts, including peritonis and enteritis; 3. The diseases of the mucous membrane. The principal organic affections, and the various forms of chronic disease of the intestinal canal, are intimately connected with one or other of these classes."—p. 101.

Ileus, with all its variations, peritonitis, enteritis, erysipelatous peritonitis, are, in succession, perspicuously treated.

The inflammatory affections of the mucous membrane of the intestinal canal form a numerous class of diseases which are of daily occurrence, and require the most careful attention of the student. The portion of the volume devoted to them is very valuable.

Dr. Abercrombie considers in succession, active inflammation of the mucous membrane; chronic diseases of this membrane; ulcers of the same membrane without prominent symptoms, and the treatment of these affections. He thus introduces the subject of treatment of the acute cases:—

"If to the class of diseases now described, we simply apply the term inflammation of the mucous membrane of the intestine, we can be at little loss in fixing upon the first and great principle to be followed in the treatment; while, if we use the term dysentery, we in vain endeavour to find our way amid the various courses that have been proposed for the treatment of the disease. But upon a fair and candid review of all the facts which are now before us on this important subject, I think we are fully warranted in assuming the principle, that dysentery is primarily an inflammation of the mucous membrane of the inteatine; and that the first principle in the treatment is precisely the same as that which applies to other inflammations. There is, however, a circumstance to be kept in mind, which perhaps may be considered as the source of some of the diversity of opinion in regard to the nature and treatment of dysentery; namely, that inflammations of all mucous membranes exist in a state in which they admit of a spontaneous cure,—certain changes taking place in the discharge from the morbid surface, in the course of which the parts gradually recover their healthy condition. Of remedies which are given while this process is going forward, some may assist it, some may be totally inert, and some may perhaps even have a tendency to retard it, and the process may notwithstanding go on to a resolution of the disease. The most obvious illustration of these facts is from the inflammatory affections of the bronchial membrane. In a certain form, even of considerable extent, they get well under the use of trivial remedies, or without any treatment at all; and at a certain period of this progress, active treatment is not only useless, but hurtful. But these facts do not affect our opinion in regard to the pathology of the disease; for we know it to exist in another degree, in which, if not actively treated in its early stage, it is speedily fatal. On the same principle, we cannot doubt that dysentery, in all its forms and all its degrees, is an inflammatory affection of the intestinal membrane; that it exists in a degree in which it admits of a spontaneous cure, and that this may perhaps be assisted by various remedies of no very active kind; but that it exists in another degree, which, if not treated with the utmost activity, it may be speedily fatal, or may terminate by incurable ulceration.

"The general principles of treatment appear to be the following: 1. To subdue the inflammation; 2. To quiet the general irritation of the canal; 3. To correct the morbid secretions from the diseased surface."—p. 276.

And thus the section on the treatment of the chronic cases:—

"In the chronic form of the disease, the morbid conditions which we have chiefly to contend with are, either the chronic fungoid inflammation, or ulceration. The treatment is extremely precarious, and but few of the cases comparatively do well. The remedies which appear to be most generally useful are the following: lime water; vegetable bitters and astringents, especially the cusparia and logwood; preparations of iron; small quantities of mercury with opium, especially calomel with Dover's powder, or small doses of calomel, with opium and ipecacuan.; the

resins, as turpentine, balsam of copaiva or tolu, with small opistes; sulphur with opium; nitric acid; various combinations of these remedies with each other, as a strong decoction of cusparia, with nitric acid and laudanum. Repeated blistering on the abdomen is often very beneficial, also bandaging with a broad flannel roller, and topid salt-water bath. Sulphate of copper has lately been recommended by Dr. Grenville in various protracted affections of the bowels; and in any trials of it which I have had an opportunity of making in this class of diseases, it appears to be a remedy deserving of much attention. It is given in doses, at first, of half a grain, combined with an equal quantity of opium, and is gradually increased, if necessary, sometimes to the extent of three grains, with half a grain or a grain of opium, three times a day. In the treatment of all the affections of this class, much depends upon the most rigid attention to diet. Animal food in every form seems in general to be hurtful; and the greatest benefit results from a diet strictly confined to farinaceous articles and milk."—p. 265.

No class of diseases has been more fully treated of, than those affecting the liver. In Dr. Abercrombie's remarks, we recognise his customary accuracy, but we do not meet with any great originality of conception. The pathology of the spleen and pancreas follows. The few pages devoted to these subjects are very interesting; but we must rest from further extracts. We think we have said enough to excite a desire in the minds of our readers, for a further acquaintance with this precise and perspicuous work.

Cerebro-Spinal System in Man, together with the Origin and Primary Divisions of the Nerves which arise from it. Translated from the French of Dr. Manec. By Luis Vicente D'Affonseca. London. Underwood. 1829.

This publication is printed in the form of a chart, and may be either suspended in the study, or placed on a roller. It presents a drawing of the brain and its nerves, executed in a very clear and excellent manner, and is accompanied by such a description of their various parts as must enable the student to obtain a knowledge of them readily and advantageously. The drawing of the brain and spinal system is of the size of life, and occupies the centre of the sheet. The references are printed on each side, under the following heads:—general description — spinal chord — origin of the nerves; first class, cranial nerves; second class, spinal nerves—physiology; first class, nerves of motion, and general corollaries. The translation appears to be made with correctness, and we recommend the chart as being well calculated to the purpose for which the ingenious author has published it.

LONDON MEDICAL SOCIETY.

Monday, Oct. 5, 1829.

Mr. Callaway, President.

PUERPERAL MANIA.

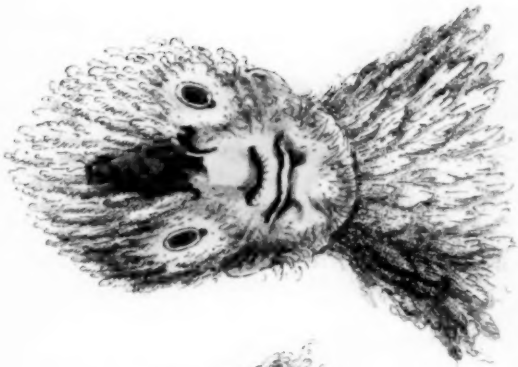
In the discussion which followed the reading of Mr. Ashwell's paper, September 28th, the particulars of which were accidentally omitted in our last, the early removal of patients similarly affected, with the patient therein referred to, was pointed out as beneficial; the use of opium, as tending to cerebral excitement, was deprecated (contrary to the opinion of Mr. Ashwell, who considered injurious effects to have arisen from bleeding and purging); and the propriety of an immediate cessation of suckling, and the exhibition of camphor and tartrate of potash were suggested. Some cases were alluded to, in which the duration and regularity which marked the present case were equalled.

The discussion on the present evening, Oct. 5, was resumed.

The propriety of exhibiting large doses of opium, both after and without bloodletting, was much discussed, as well as the advantages and evils of venesection, and the caution which should attend it; camphor was recommended; stimuli to be avoided; quiet to be encouraged; and weaning to be advised. The morbid appearances of this disease were considered important. None was allowed in Mr. Ashwell's case, and deaths from puerperal mania were stated to be so few, that it was not easy to obtain *post-mortem* examinations. Some cases were mentioned, in which the ovaria were found in such a state, that they broke down by a push of the finger.

The President this evening again enjoined the committal to paper of cases communicated to the Society.

Want of space has compelled us, on the present occasion, to abridge the remarks that were made, and postpone one report.



THE LANCET.

London, Saturday, October 17, 1829.

HAVING learned from a multitude of correspondents, that great numbers of medical students are deterred from entering upon the active duties of their studies, in consequence of entertaining an impression that the Council of the College of Surgeons is about to issue a new code of laws, we take the earliest opportunity of stating, that the "regulations," published in No. 317 of this Journal, are now in force, and that they will undergo no amendment for many weeks, if not months. Should any amended regulations be issued at all, we have reason to believe that they will require an attendance, upon lectures and hospital practice, of a more extended duration than the term now prescribed. It is highly unjust on the part of the College, to harass and distress medical pupils with doubts and fears, upon this, to them, all important subject. The Council ought to be prompt in issuing its notices.

WE have taken some pains to ascertain, whether the quantity of clinical instruction for which the charge for hospital attendance can, with any degree of propriety, be claimed, is the same in the Dublin, as in the London "recognised" hospitals; and we have found that, in this respect, the Dublin hospitals excel even our own, in paucity of clinical instruction. In Stevens's, the principal hospital in Dublin, there are no clinical lectures delivered to the pupils, who are kept to walk the wards, as in our metropolitan establishments, and to pick up whatever of information they *can* in their perambulations. If they ask a question for the purpose of explaining any difficulty in practice, Mr. CUSACK, with a premonitory protrusion of under-lip, which usually precedes so extraordinary an effort, ejaculates one of his monosyllabic axioms, by way of answer,—to unravel which might puzzle a Spartan. This gentleman, we are told, indulges in a species of lecture which may, *par excellence*, be called *clinical* prelections; for they are literally delivered by him in bed; but they are parsimoniously confined to his own pupils. The scene, we understand, is so inexpressibly comic, and, as some think, so novel in the art of teaching, that it is well worthy of record. Mr. CUSACK, being house-surgeon, occasionally sleeps in the hospital, and, though he lies late, he is it appears, accustomed to awake early. To fill up the hours of languid enjoyment between waking and rising, and preferring the couch to the rostrum, for delivering his discourses, the epicurean philosopher calls his pupils around him, removes the curtains, and, after a deep-drawn yawn, and a comfortable stretch, with his face bathed in an oratorical diaphoresis, commences the laborious work of instruction. His other didactic arrangements in the hospital, are conducted on the same free and easy manner as his curtain, or clinical lectures. In conjunction with his coadjutor, he has appointed one gentleman, called the "case-taker," to report the practice of the house, which contains upwards of two hundred beds, at a salary something under that of a barber's clerk. The fruits of this "reporter's" pathological enquiries, are deposited in one large, and goodly volume, which is only accessible under certain restrictions. The offices of dressing, and the minor operations, are confined in like manner to the pupils of the hospital surgeons, so that the majority of the pupils are precluded from every source of improvement. It is surprising that students are found to seek for instruction here at all, but it is still more so that they should be compelled to pay, for witnessing such a despicable farce. The medical session has now commenced, both in London, and in Dublin, and to the cowardice, meanness, and want of knowledge in the pupils themselves, must be charged,

any want of clinical instruction which they may suffer during the ensuing winter. They have paid the required fee for hospital attendence, and the fault rests with themselves if they do not obtain an equivalent, in the way of instruction, for the money so expended. If clinical lectures were regularly delivered within the wards of the whole of our metropolitan hospitals, it would tend to remove a portion of the hideousness of the monopoly of the college.

Many and important are the advantages that the Medical Student is likely to derive from the "King's College." We understand that the knowing Owl of the Middlesex, has proffered his Services, as Professor of Anatomy. The celebrated Professor of Cambridge, Dr. Cornwallis Hewett, is to be Professor of Medicine; P. Pettigrew, Professor of the Theory and Practice of Surgery; Benjamin Brodie, Professor of Clinical Surgery; Mr. Stone, Professor of Obstetrics; and the Yellow Fungus, Professor of Botany.

The amiable Roderick will publish, in an early number of his Fungus, a full and particular account of the accouchement which recently took place in St. George's Hospital, under the special care of the learned Dr. Wilson. The abdominal tumour was, in many respects, similar to that which occurred in the Cambridge professor's obstetrical case, and the treatment was conducted on the same "sound" principles.

For the information of those persons who believe that chemists and druggists are not legally empowered to *prescribe* and *dispense*, we insert the following clause, taken from the Apothecaries' Act of 1815:—

"Provided always, and be it further enacted, that nothing in this Act contained shall extend, or be construed to extend, to prejudice, or in any way to affect, the trade or business of a chemist and druggist, in the buying, preparing, compounding, dispensing, and vending drugs, medicines, and medicinable compounds, wholesale and retail; but all persons using or exercising the said trade or business, or who shall or may hereafter use or exercise the same, shall and may use, exercise, and carry on the same trade or business in such manner, and as fully and amply to all intents and purposes, as the same trade or business was used, exercised, or carried on by chemists and druggists before the passing of this Act."

ST. BARTHOLOMEW'S HOSPITAL.

CLINICAL LECTURE

BY

MR. EARLE.

Mr. Earle, at eight o'clock on Saturday evening last, began his gratuitous course of clinical lectures. The theatre was well attended, and the most hearty welcome was tendered to the lecturer. In the course of Mr. Earle's prefatory observations, he earnestly solicited the junior pupil to overcome any diffidence he might feel in putting questions to him, on whatever points he might feel the slightest difficulty, either as he passed the bed-side of the sick, or subsequently. Nor would the more advanced pupil, he hoped, hesitate to present his inquiries; he promised them, on every occasion, attention, and all the information it was in his power to communicate.

He was aware (Mr. Earle continued) that, in strictness, clinical lectures could only be delivered at the bed-side; to this practice, however, there were many objections. In the first place, those pupils only who were at the elbow of the surgeon could hear his remarks. Next, it would be impossible for the practitioner to state *all* that was passing in his mind on such occasions, for his statements could not fail to be occasionally heard by the patients, and, in some instances, the disclosures which must be made would be nothing short of signing their death warrants. Delicate females would, in many instances, fall victims to disease, if they knew their cases were to form subjects of discussion in the open wards; it would, in fact, be more than cruel, in incurable cases, to deprive the patients, from the moment of seeing them, of *hope* of recovery, by the open declaration of their state. It was proper that the surgeon should feel, that he ought as carefully to consult the feelings of the most humble individual committed to

his hands, as those of the first nobleman in the land, and not rudely tear aside the veil, and expose death in all its naked horrors. In the theatre he could state his sentiments without disguise, but in the wards, were he to be content with all he could say with propriety, he must withhold much necessary information. In pursuing his clinical observations in the theatre, he should act as in cases of private consultation, with the exception of being rather more explicit. In consultation, it was usual to retire and deliver opinions without disguise. Here he should be enabled to act in the same way. At the same time, in his visits through the wards, he should continue to make proper observations on certain cases. No opportunity of the many which this liberal Institution afforded would, he trusted, be lost by gentlemen of making observation for themselves. It was a lamentable failing amongst lecturers generally, that they exhibited only the fair side of the picture to their hearers; this, combined with the too great reliance which was placed on oral instruction, left the pupil in a miserable plight when he came to enter upon the execution of his professional duties. Oral instruction could, at best, only convey information of a general nature; it was an assiduous attendance on hospital practice, and the diligent use of the scalpel, that would alone qualify the student for the satisfactory exercise of his art. He earnestly recommended his hearers, therefore, to be close observers in the wards, to be diligent collectors of original facts, to be indefatigable in the dissecting room, and by no means to rest satisfied with the garbled sentiments they might find in books.

Cicatrices following Burns. Mr. Earle then entered upon the subject of the firm, hard, and horny cicatrix that happens after a burn, particularly in the neighbourhood of joints, which, without a surgical operation, often greatly impairs, and sometimes entirely destroys, the motion of the joint. It is the cause of much, and, frequently, very just, censure, on the practitioner into whose hands the cure of the injury is first committed. The case of Joseph Montague, six years of age, at present in Darker's ward, who had been severely burned in November last, and lately had the cicatrix removed by Mr. Earle, was chosen in illustration of the present remarks. This deformity generally arises from mistaken feelings of humanity, and a desire to avoid subjecting patients to more pain than could possibly be avoided, or from supposing that wounds occasioned by burns heal more readily in the neighbourhood of joints, when the parts are permitted to remain flexed. The truth is, the lecturer observed, that a cicatrix occupies much less space than an original wound; and where a limb, for instance, is suffered to remain for a considerable time flexed, there is, subsequently, a continual dragging, and attempt at extension, which cracks the newly-healed surface over and over again; and thus, for years, prevents an entire cure. The extraordinary degree of induration that takes place after burns is very peculiar, and, though difficult to explain, is referrible to numerous causes. If the limb be kept constantly extended, not only during the whole process of healing after a burn, but for a length of time subsequently, this hardened state of cicatrix will never be found to take place. In performing the operation for the removal of the deformity, surgeons were formerly content with simply cutting across the indurated web; but this proceeding was universally unsuccessful. The modern operation is that of removing the entire web. If the cicatrix has existed long, the action of the muscles will have acquired a new sphere of action, and the joint, in all probability, will not admit of complete extension on the removal of the web. The new muscular action, then, is to be overcome by endeavouring gradually to straighten the limb, and retaining it in as extended a condition as possible, by the use of splints. This continued attention to the part is to be kept up for months after the wound is healed. The time is not limited at which the operation may be performed. In a youth, fourteen years after the occurrence of the accident, Mr. Earle had performed it with complete success.

Strangulated Hernia. Mr. Earle next adverted to a case of strangulated inguinal hernia. The young man had been brought into the hospital a few days ago, the accident having happened five weeks before. When admitted, there was a tumour in the right inguinal canal, the parts very tender to the touch; there was a disposition to vomit, and every marked symptom of strangulated rupture. The patient was bled, and put into a warm bath, until he became extremely faint. In this condition the taxis was employed, but without success. A tobacco clyster was afterwards used, (the infusion of a drachm,) and soon afterwards, under the influence of the last remedy, the hernia spontaneously returned. The tobacco had a peculiar effect in exciting the peristaltic action of the bowels. In several cases, in this way, he (Mr. E.) had known it to occasion a spontaneous return of the gut; it is, therefore, a valuable medicine; though at the same time a very dangerous one. It is necessary to use it with the greatest caution, and, frequently, the proper course is to resort to the operation, without attempting to administer tobacco at all.

CASES.

LITHONTRITIC OPERATION.

James Elphick, ætat. 67, a journeyman butcher, from the neighbourhood of Crawley, was admitted into Darker's ward, Oct. 8, for the purpose of having a calculus removed from his bladder. He is rather short, is emaciated, and has rupture in each groin. That on the right side has existed for nine or ten years, and the other for two. Has had calculous symptoms for twelve months. When brought into the theatre on Saturday, Mr. Lawrence stated, that Mr. Earle and himself had agreed that Baron Heurteloup, who was present, and had kindly offered his assistance, should have the opportunity of examining the patient, and saying whether he considered this a fit case for the operation of crushing the stone. The examination, only, was to be made at that moment; any operation that might be deemed necessary, should be undergone next Saturday.

Dr. Heurteloup proceeded immediately to fill the bladder with warm water: he then sounded, and having, as he considered, satisfactorily ascertained the size of the stone, expressed his opinion on the subject in the French language. He also introduced a metallic instrument, of unusual thickness, through the urethra, with facility.

Mr. Lawrence observed, that the Baron had declared, it was *not* a suitable case for breaking the stone within the bladder. The stone was very large, and the bladder very small; both of them circumstances extremely unfavourable for the performance of the lithontritic operation. The age of the patient, and the existence of double hernia, were also to be taken into consideration. When this was done, insuperable objections were presented to this operation. For the success of the lithontritic operation two things were necessary; the one, the power of the operator to crush the stone, the other, the power of the patient to expel the fragments. The instruments necessary to be used, required a certain space for the manœuvring within the bladder. The smallness of the organ, in the present instance, would not admit of the necessary movements; even could the stone be crushed, the expulsion would be impossible.—The patient was removed to bed.

Baron Heurteloup stated, that he should have much pleasure in showing his instruments, and explaining their *modus operandi* to the gentlemen of the hospital, at any convenient time. Thursday, at half past twelve, was appointed for exhibiting them.

CARCINOMA, AND AMPUTATION OF THE PENIS.

Purchase Warren was admitted into Darker's ward, under the care of Mr. Earle, October 8, with cancerous ulceration of the penis. The patient is 60 years of age, short, slender, and has a countenance, denoting him to be the prey of some malignant affection. He has likewise hernia on the right side. Ten or twelve years ago chancres appeared, but after having taken a good deal of mercury, he believed himself to be entirely cured. Twelve months since, he observed a redness at the neck of the glans penis, of which for a time he took no particular notice. It became worse; the parts inflamed, and swelled so much, as to render it necessary to lay the prepuce open; which was done about three months since by a gentleman at St. Ives. No application has had any effect in arresting the progress of the disease, and now the whole of the glans, and considerable portions of the corpus spongiosa and corpora cavernosa are completely destroyed. The induration extends as deep as the fingers can penetrate. The scrotum is inflamed, swelled, and partly hardened. The affection has progressed greatly within the last two months. One gland in the groin is distinctly enlarged. At a quarter past one, the patient was laid on the operating theatre, and Mr. Earle proceeded to perform the amputation. He made an elliptical incision on either side of the penis, from the summit of the pubis to about the middle of the scrotum. He next carefully dissected into the arch of the pubis, tracing with his fingers the affected parts as he proceeded. Having displaced the septum in the scrotum, and fixed a tape round the penis, as close to the arch of the pubis as was practicable, the member was divided so close to the tape, that the latter immediately slipped off. Five arteries were now tied; the scrotum was laid open along the raphè, nearly to the perineum; a full-sized elastic gum catheter was introduced, the edges were brought together somewhat in the form of the letter T, and retained *in situ* by a few sutures and strips of adhesive plaister obliquely laid over them, and the poor man was carried back to bed. The operation occupied twenty-six minutes, no less than ten of which were lost in consequence of the box-carrier not having a proper catheter in the theatre.* A good deal of blood was lost. The care necessary, and the difficulty experienced, in

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* Is it not the house surgeon's duty to take care that every thing necessary is at command before operations are commenced? To see that ligatures are not rotten? And that intruders into the area (who shall hear more of this practice if it be continued), be not permitted to crowd in upon the operator and patient, while their total incapacity for even holding the instruments, after they have taken upon themselves the office of assistants, is notorious?

the performance of this painful operation, were much augmented by the hernia, and the descent of a large portion of omentum after the scrotum was divided. The operation was performed throughout with great coolness and neatness.

Observations.

After the removal of the patient to bed, and Mr. Earle had cut open, examined and exposed to view the morbid parts, he said, "Gentlemen, this operation has been performed under these circumstances. Such an operation as this, it must strike every one at all acquainted with disease of this kind, cannot be performed with any fair prospect of permanent success. This was faithfully represented to the poor man. The disease has been making rapid progress, particularly during the last two months, and if nothing had been done, it must have proved fatal in a very short time. I represented to him yesterday, that it was decidedly cancerous, and must destroy his life if not removed; and that if the operation were performed, I could not answer for its success, but that there certainly was a probability of his life being prolonged by it, and a *possibility* of success altogether. I left it entirely to himself to say, whether he would submit to the certainty of almost immediate death from the progress of the disease, or take the *chance* of being thus rescued from it: he chose the latter. You will observe, that the disease extended very deep. Apparently, the whole of it is now removed, but the induration certainly extends to the edges, or very nearly so, of the parts I have taken away, though I dissected and cut through the penis completely under the pubis. I believe the disease to be genuine carcinoma. It commenced in the glans penis. I have seen many cases where the disease has assumed almost as formidable an aspect as in the present instance, and where the operation has been attended with success. I have removed, under such circumstances, the penis of a man aged 86 years, who lived several years afterwards, and died of another affection. The glands in the groin were enlarged, but subsequently subsided. In that case, however, which was one of ulceration, it greatly augmented, and the edges irritated and indurated, presenting, from the urine continually passing over them, all the characteristics of carcinoma; I could not regard it as a case of genuine cancer; the present, however, is, I fear, one of that description. It is our duty sometimes, perhaps, to operate when little prospect of success can be entertained; still, I hope the present amputation may effect a cure."

WESTMINSTER HOSPITAL.

DISEASE OF THE BLADDER.

Don Manuel Xofre de Villegas, 58 years old, admitted April 8th, under Dr. Hamilton Roe, with supposed disease of the bladder. Senor Villegas is a Spanish refugee, and during the prevalence of the government of the Cortes in Spain, filled the high situation of political chief of Cordoba. Whilst in his own country he indulged in all the elegancies, luxuries, and dissipations of high life, and at the revolution which overthrew the liberal Constitution, he was driven, in a state of almost perfect destitution, to seek shelter in England. Shortly after his arrival in this country, he began to feel a difficulty in passing his urine, accompanied with a sense of weight in the pubes, and in the perineum. These symptoms were aggravated by neglect, and the wretched penury in which he voluntarily lived. On his entrance into the hospital, he suffered a constant uneasiness in the perineum and along the urethra, much augmented by pressure, and every attempt at micturition. The urine high-coloured and turbid; a constant feeling of weight on the pubes, and frequent desire of making water. Every attempt at walking produces increased pain in the perineum. Health evidently impaired; appetite weak; tongue white and furred; bowels constricted; pulse 72, of moderate power; skin warm. He gets no sleep without the aid of opium. The following medicines prescribed for him. Take of

Sulphate of magnesia, 1 ounce;
Tartrate of antimony, 1 grain;
Water, 8 ounces. Mix.

An ounce to be taken thrice daily, and ten grains of the soap and opium pill every night; a warm bath.

9. Feels refreshed by the warm ablution, and the exchange of clean linen for the miserable rags in which he was previously invested; retains his urine, which slightly scalds, about ten minutes at a time. The bowels have been moved. Ordered a scruple of Dover's powder every night; a table spoonful of castor oil every morning; a warm bath daily, and light vegetable diet.

12. After each bath, perspires freely, and feels in consequence for a time relieved. Tongue cleaner; bowels open; can retain his water nearly an hour, although before enumerated symptoms exist, but in a less degree. The forefinger introduced into the rectum, detected a considerable enlargement of the prostate.

14. The unpleasant symptoms enhanced. Twelve leeches to be applied to the pubes, and twelve to the perineum.

15. Much relief derived from the leeches; the pain of perineum and pubes, and the scalding, diminished; passes his urine every hour, and by jets. Sixteen leeches to the perineum. Ten grains of carbonate of soda to be taken three times a day; mucilaginous drinks, and farinaceous diet.

18. The leeches repeated, and the other remedies continued.

19. The sense of weight in the hypogastrium is much less urgent, the urine clearer, and passed with less scalding. This medicine ordered;

Infusion of whortleberry leaves, eight ounces;
Solution of pure potash, two drachms; an ounce to be taken every six hours; opiates continued.

22. Considerably improved; urine quite natural; ejected in greater quantity, and less frequently. The man has still a sensation of weight, though less of pressure in the region of the bladder.

26. Was sounded yesterday by Mr. White; the sound indicated no stone, but a contracted and thickened bladder. This operation occasioned great pain; a good discharge of blood took place from the urethra; all the untoward symptoms re-appeared in an aggravated degree. Warm bath, and poppyhead fomentations were assiduously applied, and soothed the pain and irritation.

May 3. Innumerable purple spots cover the legs and thighs; considerable pain referred to the seat of the prostate gland; œdema of the scrotum. The frequent application of leeches and fomentations alleviate the pain.

6. Urine mixed with mucus. Ten minims of balsam of copaiba to be injected through the urethra every hour. The uva ursi mixture continued.

13. All the unpleasant symptoms returned; urine muddy, passed every quarter of an hour; scalding and irritation along the whole length of the urethra.

23. So great was the irritation excited by the attempt at injecting the copaiba, that the intention was abandoned, and ten minims of the muriated tincture of iron were administered three times a day in a glass of water; considerable relief has since been experienced. Pill of soap and opium, and a semicupium every night.

June 1. A slight shade of amendment.

21. The long confinement begins to affect his spirits; he desponds, and presages a fatal termination.

24. Increase of irritation in the parts; the antiphlogistic plan enforced. Micturition every fifteen minutes; urine mixed with mucus and sabulum.

July 1. The irritation is much increased; the mind oppressed with the deepest melancholy; the constant pain and inconvenience of passing his urine, completely destroy his rest. With a view of alleviating these symptoms, the physician desired Mr. Edwards to inject the bladder with tepid milk and water. This was done from a gum elastic syringe through a common catheter. The detrusor urinæ and ejaculatores were provoked into powerful spasms. The instrument was no sooner withdrawn, than the fluid was ejected *per saltem* to a yard's distance, the patient expressing the most acute pain. Strong opiates, castor oil, and diet *ad libitum*.

Aug. 1. The last month has passed over with the train of sufferings as the last. The mental anguish and corporeal agony react on each other. The skin is yellow, dry, and purgently hot; conjunctivæ of the same colour, eyes sunk, figure emaciated; a hectic blush on the cheeks. He refuses food, and morosely rejects all proposals of relief, exclaiming in a broken voice, "I shall die like a beggar, in the corner of a hospital, in a foreign land."

20. He continued to reject all condolence; the emaciation increased; appetite diminished. The tongue became brown and dry; sordes accumulated on the lips and gums; universal tremor; coldness of extremities, and death, which took place this morning.

Autopsy twenty hours after decease.

General emaciation. A few tubercles were found dispersed in both lungs. The mucous membrane of larynx and bronchi a good deal injected, and these tubes filled with muco-purulent fluid. The mucous tunica of stomach and intestines preternaturally red. The bladder was thickened and contracted, and the prostate gland enlarged to twice its physical size. On opening it, an abscess was found sufficiently large to contain an ordinary chestnut. The lining of the urethra more vascular than in the natural state.

METASTASIS OF RHEUMATISM TO THE HEART.

Jane Beddoes, 24 years old, admitted under the care of the second physician, 1st April. She is a single woman, presenting a squalid and emaciated appearance. The catamenia have been defective in quantity and quality these three months, during which time she has lived in the greatest penury and misery, suffering both from want of food, and exposure to the inclemency of the season. Three weeks ago, she was seized with a pain under the sternum, difficult respiration, and cough, with expectoration of thick, whitish mucus; she has had no medicine or attendance.

Her emaciation and ghastly pallor, gave the appearance of a person *in articulo mortis*; she has a sense of tightness and oppression

throughout the thorax. Respiration extremely difficult and rapid, about 60 in a minute; lividity of countenance; alæ nasi widely expanded at each inhalation; the hurry of breathing prevents her pronouncing long words at once. Pulse, 120, small, and oppressed; skin cold; tongue white; some tenderness of abdomen; bowels open.

Warm bath immediately; venesection to 14 ounces; and this pill immediately after the bath:

Powder of foxglove leaf;
Powdered ipecacuanha root;
Opium; of each, a grain; mix.

6 P. M. The use of the bath induced a perspiration, the breathing became easier; pulse has risen in strength and fulness; the abstraction of blood attended with direct relief; the pill was rejected from the stomach as soon as swallowed.

8 P. M. Respiration more easy, 36 times in a minute; pulse, 100, soft; nausea. A mustard poultice to the epigastrium; an effervescent draught occasionally; a five-grain soap-and-opium pill immediately.

2. Slept well during the night; the distress of breathing has moderated; no pain of chest or abdomen; cough; occasional nausea; pulse, 100, compressible; tongue drab-coloured; bowels costive. A calomel and colocynth pill to be bolted every two hours, until the bowels are acted upon. This draught at bed-time:

Tinct. of foxglove, fifteen minims;
Battley's opiate solution, ten minims;
Distilled water, an ounce; mix.

3. The bowels have been moved several times; slept tolerably well; breathing and cough easier; expectorates a thick white mucus; countenance and pulse natural. An ounce of the following mixture to be taken three times a day:

Sulphate of magnesia, six drachms;
Tartrate of antimony, two grains;
Tinct. of opium, two scruples;
Camphor julep, eight ounces; mix.

19. Continued convalescing until this morning, when she experienced a return of pain in the left side. A blister immediately applied to the part.

29. The pain of side was removed by blister, and the girl continued improving. An attack of rheumatism has developed itself in the shoulder, elbow, and finger joints, which have become swelled, red, and painful. Five grains of colchicum, and five of ipecacuanha to be taken thrice daily.

May 1. The external rheumatism has disappeared; she complains of an acute pain in the region of the heart, which is seen throbbing violently, and affecting the entire thorax. The stethoscope manifests clearly the *bruit de soufflet*. Pulse, not much affected, but very slightly indicating the state of the heart. The colchicum continued.

18. Not much variation of symptoms till to-day, when they received a new impetus. The palpitation became much stronger; respiration laborious, 48 in a minute; pulse, 152, full, and strong; *bruit de soufflet* audible to the naked ear when applied to the interspace of the fifth and sixth rib; tenderness of epigastrium; heat of skin; anxiety of countenance; inability to recline horizontally. Venesection to fourteen ounces; a pill of a grain of opium and two grains of digitalis, to be swallowed immediately; and five grains of colchicum powder every four hours.

19. The abstraction of blood, which is buffy, effected relief; action of the heart and thorax much calmer; countenance placid; pulse, 120; some pain still exists at the præcordia. A blister to the scrobiculus cordis; a calomel bolus at night; and the colchicum continued.

After this, there was amelioration of symptoms, and the patient was apparently well, though pallid and leucophlegmatic, until the 1st of June, when an exactly similar attack to that already described, took place. Depletion and the same medicines were efficient as remedies. She continued to amend slightly after that, and was discharged, much relieved, at her own request, on the 18th of June.

ST. THOMAS'S HOSPITAL.

CASE OF POMPHOLYX.

Robert Tidmarsh, a maker and hawker of rope-mats, 26 years of age, was admitted on the 27th of August, into King's ward, No. 20, under the care of Dr. Roots, with an eruption of bullæ, appearing (without any inflammation around them, and unaccompanied by fever) over the whole body and face. The bullæ, which first made their appearance about a fortnight since, are of various sizes, some not exceeding that of a pin's head, while others are as large as a hazel nut, and he says they have been much larger. The parts do not itch at all, but he complains of their smarting very much. The appearance of the eruption was not preceded by any headach or sickness; did not perspire, until yesterday, after taking some warm gruel, and then the smarting increased. Appetite good, and has no uneasiness after food; bowels open; tongue slightly coated, and mouth and tongue aphthous; pulse, 112, small, and compressible. Has been in the habit of drinking freely of spirits and beer. Ordered a warm bath daily.

Diluted sulphuric acid, twenty minims, every four hours.
Milk diet.

28. Slept tolerably; has had three evacuations from the bowels; pulse, 94, small, and compressible; says the smarting has been much relieved, since going into the bath; and many of the bullæ have burst, discharging a thin lymph.

29. Fresh vesications are making their appearance at various parts of the body; they contain, at first, a watery transparent fluid, which afterwards becomes more yellow and opaque, and at length become larger and burst, leaving an excoriated surface. Bowels open; pulse, 96, more full. Meat every day, and a pint of porter, daily. Cerate of the acetate of lead to the parts affected.

31. Some of the vesicles have become as broad over as a crown-piece, and numerous others have burst, leaving the excoriated surfaces sore and inflamed; bowels have been moved once only, to-day; tongue, more clean; pulse, 92, soft and full. The acid to be taken every three hours. Powder of jalap with calomel, half a drachm, to-morrow morning.

Sept. 1. The eruption is less irritable, but fresh bullæ continue to arise. Bowels have been acted on several times, by the medicine; tongue, moist; pulse, 80, full.

2. Says he has little pain or smarting, but has passed a restless night. There is greater heat of skin, and he complains of thirst; bowels have not been moved to-day; pulse, 108, full, and more incompressible. Abstract ten ounces of blood from the arm immediately; and take two scruples of the powder of jalap, with calomel. Apply white wash (lotio plumbi) to the parts affected.

3. Blood not cupped, but is firmly buffed; passed a restless night; skin still hot and dry; tongue rather dry, and coated; pulse, 100, full, more sharp; bowels open with medicine.

4. There is still considerable heat of skin, but moister; does not complain of any pain, and slept better; bowels open; tongue rather dry; pulse, 100, character, the same as yesterday. Ordered to resume the milk diet, and to be bled to ten ounces.

Tartarised antimonial wine, half a drachm;
Sulphate of magnesia, half a drachm; every four hours.

5. Blood buffed; has not shivered, but complains of a sensation of chilliness; the skin is, however, still above the natural temperature; fresh vesications continue to arise, but fewer in number; appearance, on the whole, much improved; pulse, 100, more compressible, and less full; bowels open; tongue still rather dry.

7. Skin hot; tongue dry and coated; bowels open four or five times to-day; pulse 124, full; no pain, except the irritation from lying on raw surface.

Arsenical solution, five minims;
Tincture of opium, five minims; every six hours. Prepared calamine to be sprinkled over the excoriated parts.

8. Rather less heat of skin; bowels open three times; pulse, 110, full, and rather hard; tongue dry and coated.

9. Is much cooler; tongue not so dry, but still complains of thirst; bowels open once; pulse, 112, full, more soft. Powdered jalap, with calomel, a scruple immediately.

10. Is again become more hot and feverish; tongue dry and coated brown; no pain or giddiness; bowels only acted on twice. Repeat the jalap and calomel immediately; an effervescing draught, without cinnamon, every four hours; and discontinue the tincture of opium.

11. Complains of pain, and tenderness of the epigastric region, with nausea, but no vomiting; there are fewer fresh bullæ appearing, and those confined principally to the extremities; pulse, 110; tongue, not so dry, and less coated; bowels open from medicine; cannot sleep at night; tremor of body. On account of the calamine powder appearing rather gritty, Dr. Roots ordered common flour to be substituted. Twenty leeches to the epigastrium; ten grains of the extract of hyoscyamus at night; chlor. of soda to be sprinkled over bed; discontinue the arsenical solution, and effervescing draught.

12. The excoriated surface is looking drier and better; an erythematous blush, with vesications at the lower part, has made its appearance around the nose; has lost all pain, and tenderness of the epigastrium, and nausea; tremor of the body continues, and there is also tremor of the voice; pulse, 128, full, more compressible; tongue dry; bowels open, stools green; restless at night; countenance anxious.

Compound ipecacuanha powder, ten grains, at night.
Chlor. of soda, one drachm and a half;
Distilled water, a pint;
take two tablespoonsful every three hours; strong beef-tea, two pints daily.

13. Has passed a better night, and fancies himself better this morning, but the tremor and anxiety of countenance are rather increased; pulse, 130, rather sharp, but compressible; tongue dry and brown; bowels open. He continued much the same until the following morning, when he expired at about eleven o'clock.

The body was examined six hours after death, but no appearances were observed, to account for death; and Dr. Roots was of

opinion, that it was caused by continued irritation, arising from the exposure of so large an excoriated surface, in the same manner as after an extensive burn.

CASE OF LUPUS.

Martha Brown, a young girl, 16 years of age, came to the hospital on the 13th of August, and was admitted into Queen's ward, under the care of Mr. Tyrrell, with a lupous affection, destroying the alæ nasi, by slow ulceration; she stated that the disease commenced two years ago, in the shape of a pimple on either nostril, which formed themselves into ulcers, and gradually extended, having now destroyed a considerable portion of the cartilages. She has taken a good deal of medicine at different times, but the sores never perfectly healed; their progress, however, has appeared at times to be arrested temporarily, but always got worse again, when her health became impaired. There are marks of the disease having existed on different parts of the face, which she states to have been some time after the first attack of the nose, but had healed again without any external application whatever. A few days after her admission, the inflammation surrounding the edges of the ulcer had considerably extended.

15. Was visited by Mr. Tyrrell, and ordered to take mercury with chalk, three grains; powdered rhubarb, twelve grains, every other day; and a fluid drachm of the iron mixture, twice a day.

19. No apparent improvement has taken place in the nose, but she is now become affected with scarlatina, and consequently is transferred to Dr. Roots. An emetic was directed to be given immediately; a drachm of sulphate of magnesia, every six hours, and the whole body to be sponged over with tepid water when hot.

24. Becoming convalescent from the scarlet fever, when she was attacked with an erysipelatous inflammation of the face; and during this time the only medicine employed, was five grains of mercury with chalk, every six hours. Twelve leeches were applied to the temples; a blister to the epigastrium, and a lotion over the face. As soon as the erysipelas showed itself, the appearance of the nose began to amend, and continued to do so without any medicinal means, further than the above, and occasional doses of house physic; and by the time the erysipelas had disappeared, the nose was become quite well, and continues so up to this time.

Has not taken any medicine since the 13th Sept.

CONCUSSION OF THE BRAIN, WITH LACERATED SCALP, AND SIMPLE FRACTURE OF THE LEFT CLAVICLE.

Mary Bowlan, aged 14, was admitted into Queen's ward on the morning of the 22d of August, between eight and night o'clock, with symptoms indicative of concussion of the brain; there were also two small lacerated wounds on the right side of the scalp, and on further examination, there was discovered a simple fracture of the left clavicle, about one-third from its sternal extremity. The accident was occasioned by the upsetting of a cart laden with bricks, which had suddenly taken place at the time she was passing it, by which she was struck down, and became immediately senseless. At the time she was brought into the hospital, she was attacked by repeated vomitings, which her friends stated to have taken place several times before her admission. She lies apparently in a tranquil sleep, but answers when questions are put to her, though incoherently. Respiration slow and regular; pulse 90, small, and oppressed.

The patient was visited by Mr. Tyrrell on his arrival at the hospital, who ordered six grains of calomel to be taken immediately. To have twenty leeches applied to the head, and afterwards the spirit lotion, and an occasional dose of sulphate of magnesia.

23. Has been rather delirious this morning; pulse increased in force and frequency; bowels not acted on. Two enemas, the first of common salt and water, and the second combined with castor oil, were administered, after which the bowels were relieved, and she soon became more tranquil.

24. Has not shown any symptoms of delirium since yesterday morning; vomiting less frequent. The functions of the brain are restored to a more natural state, so that she now answers questions less incoherently. Complains of considerable pain in the head, not referrible to any particular part; pupils contracted; pulse 62, still somewhat oppressed; tongue white. A dose of castor oil was given this morning, since which the bowels have been evacuated. Apply twelve leeches to the head. A grain and a half of calomel to be given every six hours, and five drachms of castor oil, as occasion may require.

26. Complains of a little pain on the right side of head, and also on the left side of abdomen. Pupils still contracted and fixed. The vomiting has ceased; pulse 66, more free; tongue white; bowels open.

28. Quite free from pain; pupils less contracted, and rather more susceptible to the impression of light; pulse 70, small; bowels open; tongue coated with a yellowish fur at the root, red at the tip and edges, papillæ raised.

31. The extremities of the fractured clavicle are now brought into apposition, the shoulder kept fixed by a figure-of-8 bandage, and the arm supported in a sling. Is free from every symptom consequent on the concussion, with the exception of the sluggish state of the iris. Mouth sore from mercury; appetite tolerable.

Sept. 5. The irides have regained a more natural sensibility to the impression of light; bowels have been kept regular. The wounds of the scalp, which were dressed with adhesive plaster, are now quite cicatrised. The figure-of-8 bandage is still confining the shoulders, and the arm kept supported in a sling. From this time she has continued to do well, and now only remains in the hospital on account of the clavicle.

OBSTINATE CASE OF INTERMITTENT FEVER.

Michael Garney, a stone mason, 28 years of age, living at Woolwich during last eighteen months, admitted into William's Ward, No. 17, on the 6th of August, under the care of Dr. Roots, (during the temporary absence of Dr. Elliotson,) with intermittent fever. The patient affirms, that he was first attacked with ague, about seven months ago, and has never been free from it for more than three weeks at a time since, and that only once. The paroxysms, he says, occur irregularly, sometimes every day, at others every third day, but during the last three days, have come on every day,—yesterday between four and five in the afternoon. It is now two o'clock, and he has not yet shaken, but has some pain in the head, and feels cold, as if the fit were coming on; also a little pain on pressure at the scrobiculus cordis. Pulse 96, oppressed; bowels open; tongue white. Ordered ten grains of the sulphate of quinine immediately, and to be followed by five grains every six hours. Powder of rhubarb, with mercury, a scruple, to-morrow, and every alternate morning. Milk diet.

7. The paroxysm was checked yesterday, and has not since returned; free from headach, but has still a little pain at the scrobiculus cordis. Bowels evacuated four or five times; pulse 84, soft.

9. Has not had any return of his complaint; bowels open; pulse natural; tongue more clean.

12. Complains of pain in the head attacking him every morning on first awaking, which continues about an hour. Has not had any shiver; bowels open.

15. Has lost his pain in head, but when visited by Dr. Roots, he complained of chilliness; countenance anxious, and pulse oppressed. Quinine to be increased to seven grains and a half every six hours, and to have a pint of porter daily.

19. Says he feels chilly every day in the middle of the day. Does not shiver, nor has he any pain or fever after; but there is pain in the head, of mornings. Pulse 114, small; bowels open; tongue cleaner. To be cupped behind the mastoid process to fourteen ounces; quinine, ten grains every six hours, and discontinue the porter.

21. The pain in his head still recurs every morning, but has not any chilliness during the day.

24. Feels tolerably well during the day, but pain in head comes on every morning, accompanied by a sense of chilliness.

26. Quinine, fifteen grains; powdered capsicum, five grains, every six hours.

29. Has had no return of his paroxysm since the morning of the 21st; bowels open; tongue clean; pulse 96, weak. A pint of porter daily.

31. Had a regular ague fit this morning, lasting from about half after twelve, until after two. Complains of noise in ears, as of the rushing of water; bowels open; tongue nearly clean; pulse 120, soft, and small; says he has not been out of the ward. Sulphate of quinine a scruple every six hours.

Sept. 2. Has not had a return of his ague; bowels open; tongue clean; pulse 106, soft, and small; no pain, but the rushing noise continues. Milk diet. Twenty-four leeches to the temples.

5. Has not had a regular ague paroxysm, but says he felt some tremor this morning; was hot at the time of, as well as after, the tremor; still complains of noise in ears, which Dr. Roots observed was probably caused by the quinine; bowels open; tongue slightly coated, white; pulse 116. Arsenical solution five minims every six hours.

9. Has not had any pain or shiver until yesterday morning; the pain in head returned for about an hour, and again in the afternoon, from four o'clock to nine; no sickness or pain in stomach; pulse 112, soft; bowels open. Arsenical solution eight minims every six hours.

12. No return of pain or shivering; bowels relaxed; pulse 88; says the noise in his ears prevents him from sleeping at night.

13. Complains of pain in the epigastrium, with nausea and vomiting. Omit arsenical solution.

14. No pain or sickness.

16. The vomiting came on again last evening, accompanied by rigors, and pain in the head. Had also headach this morning for nearly two hours; bowels relaxed; tongue rather white; thirst; pulse 92, soft, and small.

Sulphate of quinine, ten grains;
Diluted sulphuric acid, ten minims;
Spearmint water, an ounce and a half every four hours.

19. For the last two days had pain in the head each night and morning, continuing about an hour at a time. Arsenical solution ten drops every four hours, each dose to be given two hours after the quinine.

21. The headach recurs every night and morning, but with less violence. The arsenical solution has not been given since yesterday morning, on account of pain and sickness at stomach.

Sulphate of quinine, twenty grains three times a-day.

22. Had the pain in head last night; this morning he had tremor and cold sweat, but no pain.

24. No return of pain or tremor.

26. Complains of some constant dull pain in head, but not worse mornings or evenings; head cool; no thirst or giddiness; pulse 80, soft. A blister to be applied to the forehead.

28. Had a recurrence of his ague this morning, between ten and eleven, during which a dose of spirit of ammonia and laudanum were given by the apothecary; the shiver lasted about three quarters of an hour, and was followed by excessive pain in the head, with fever, and, afterwards, sweating; he has taken his medicine regularly, and is not aware of having caught cold; pulse 90, full, and soft; bowels not open to-day; tongue rather dry and clammy. Arsenical solution to be increased to seven drops.

30. Had a slight paroxysm last evening, and another this morning; pulse 80, full; bowels open. Arsenical solution, twelve drops every six hours.

October 1. No return of ague since yesterday morning; bowels open; pulse 78, natural.

2. Was visited by Dr. Elliotson, who ordered the quinine to be given every six hours.

7. Has not had any return of ague; and as he wishes to go out, is presented, and ordered to take medicine out with him for ten days, with directions to leave off his arsenical solution, if he should find any ill effects from it.

GUY'S HOSPITAL.

TUMOUR OF THE THIGH.

Sept. 29th, the senior surgeon removed an excrescence of a fungoid character from the anterior and lower third of the thigh of a man about forty years of age. The operation was performed by making a semicircular incision above and below the diseased portion to be removed, and afterwards dissecting it out, exposing, at the same time, the fascia lata. Two vessels were secured. The disease, in some respects, resembled carcinoma of the lip; and about a year since a morbid growth, presenting nearly the same character, and situated in the same place, was removed by the knife.

OPERATION FOR STRICTURE.

Tuesday, Oct. 6, a man, 50 years of age, was placed on the operating table at one o'clock, for the division of a stricture situated near the middle of the urethra. The patient had been unable for some time past to evacuate his urine through the regular channel, but it had passed through a fistulous opening situated just behind the stricture, which was so contracted, that the smallest probe could not pass it; he therefore applied for relief at the hospital, when he was admitted under Mr. Morgan, who performed the operation in the following manner. The patient was placed on his back, and in a position somewhat resembling that for lithotomy; the operator then took hold of the penis, and elevating it towards the abdomen, made an incision of a semilunar form through the common integuments on each side of the fistulous opening, and including it, dissecting out the part, and exposing the corpus spongiosum: an incision was then made into the urethra, and the stricture divided; an attempt was now made to pass a silver catheter through the penis into the bladder, but without success; an elastic gum one was then tried, but failed in consequence of its strength not being sufficient to overcome the resistance offered by another stricture situated near the neck of the bladder; a sound of small circumference was now used, which, after a little time, was introduced into the bladder; it was then withdrawn, and a silver catheter of larger dimensions attempted to be introduced, but not being of the *required strength*, was bent, and, consequently, useless. Two lateral incisions were now made about half an inch from the opening in the urethra, to allow the integuments to be brought over the wound; sutures were used to keep the edges in contact, etc.; pad of lint placed over it. Some of the hospital RATS were hovering round the patient during part of the operation, and from the size of their bodies and wings considerably obstructed the sight of the pupils; some of the juniors were rather alarmed at these murky beings, declaring they would not enter at Guy's. The operation lasted about twenty-five minutes.

CASE OF SCALD.

William Lee, aged 34, admitted Sept. 7, under Mr. Morgan, in consequence of hav-

ing received a severe scald on the evening previous, from soap lees; the left side of his face, and the back of his left hand, were considerably injured. On his admission he complained of considerable pain in the parts affected, and in his head; there was likewise a large vesicle on the back of his hand. The parts were ordered to be well covered with flour, and the bowels not being open, to take a dose of house physic.

6. Expresses himself considerably relieved; immediately after the application of the flour, he was much more easy. The vesicle on the hand to be punctured, so as to allow the fluid to escape gradually.

11. Wound on face and hand beginning to suppurate; not much pain in his head; ordered a dose of castor oil; continue application of flour.

14. Going on well; he keeps the parts well covered with flour, from which he derives great benefit; wounds healing.

17. Still improving; wound to be dressed with simple cerate. Under this plan of treatment, he recovered so far as to be able to leave the hospital on the 21st.

Flour is now generally used in this hospital in cases of burns and scalds; and its application is followed by the most decided benefit.

TUMOUR OF THE MOUTH.—RANULA.

Thomas Bodger admitted June 28, under Mr. Morgan, with enlargement of the right submaxiliary gland; the disease first made its appearance about four years ago, the duct of the gland having become obstructed; it has, at different times since that period, enlarged, suppurated, and burst. Last year he was in this hospital under the junior surgeon; and after having continued for some time, he was discharged, considerably relieved. The enlargement of the gland not having subsided, and becoming very troublesome, he applied again in June last for admittance, when he was taken in under Mr. Morgan. At this time the tumour was the size of a large goose's egg, extending from the angle of the inferior maxillary to the symphisis of the chin, and into the mouth; there was likewise a fistulous opening in the mouth, from which there was a considerable discharge of ill-conditioned pus.

30. Mr. Morgan ordered a counter opening to be made externally, and to communicate with that internally; some threads of silk likewise to be passed through into the mouth; his general health being good, when the bowels are confined, to take house-physic.

July 5. There has been a considerable discharge from the external opening, and the tumour is not so painful.

12. The discharge is still considerable; a linseed meal poultice to be applied externally.

19. Tumour not in the least diminished, and the discharge is still the same.

From this time to August 26, there was no improvement; tumour not in the least diminished; rather tender on being touched, and he does not sleep well at night. Ordered ten grains of Dover's powder at bed-time.

29. The poor fellow not having derived much benefit since his admission, he expressed great anxiety to have it removed. Mr. Morgan said he would first adopt another plan, and allow the external opening to close, and make a counter one in the mouth; through this pass the silk, and thus produce a slough: on making the required opening, about six ounces of pus escaped. Middle diet, with a pint of porter daily.

Sept. 2. On pressing the gland externally, about four ounces of matter was evacuated through the mouth. Mr. Morgan ordered pressure on the tumour, by means of a handkerchief passed round the head.

5. The pressure having caused great pain, it was discontinued; still anxious for the operation, though the tumour is diminishing; a weak solution of nitrate of silver to be injected into the sac.

12. Tumour rather on the decrease; discharge not so great; continue injection.

19. Under the use of the nitrate of silver the tumour is gradually diminishing, and at the conclusion of this report, Sept. 30, it is not one-third the size it was at admission.

HOPITAL ST. ANTOINE.

AMPUTATION—TORSION OF THE ARTERIES.

On the morning of the 21st of September, at seven o'clock, M. Velpeau performed amputation of the thigh on a young female, seventeen years of age. No ligatures were used; but on two bleeding arteries, one of which was the femoral, M. Amussat's method of torsion was employed with complete success. On the 24th the dressings were removed, and found but slightly tinged with bloody serum; the wound appeared to have united at several points.—*Lanc. Franc.*

[It is much to be desired, that some English surgeons would repeat M. Amussat's experiments* with respect to the torsion of bleeding vessels, which, if found so effectual as it is asserted to be by M. Amussat, would certainly be a very important acquisition to modern surgery.]

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* Especially after the result which was obtained from similar experiments, related in No. 315 of THE LANCET.

EXTIRPATION OF THE UTERUS.

This operation was performed on Sept. 20th by M. Roux, with the assistance of M. Récamier, according to the method of the latter. On previous examination *per vaginam* and rectum, it appeared that there was no morbid adhesion between these two organs, but that the anterior paries of the uterus was intimately connected with the bladder, in consequence of repeated attacks of peritonitis, and of the carcinomatous inflammation. (It accordingly appears to us that M. Roux was by no means justified in performing the operation.) After the semilunar incision through the anterior portion of the vagina, M. Roux endeavoured to separate the bladder from the anterior paries of the uterus, but he distinctly felt a small round tumour at the upper portion of the latter, and being doubtful whether it was not an ovary, hesitated in continuing the operation. M. Récamier accordingly examined the wound, and being of opinion that the tumour in question was nothing but the upper portion of the uterus in a state of atrophy, eventually succeeded in dividing the adhesions between the bladder and uterus, and terminating the operation without any further difficulty; it lasted about half an hour; the quantity of blood lost, hardly exceeded a few ounces. On the morning of the following day, no unfavourable symptom was observed, except great prostration of strength, which, in the course of the day, increased, and in the evening terminated in the complete exhaustion and death of the patient.

In order to account for the fatal termination of this case, it has been asserted, that M. Roux, in his attempt to isolate the uterus from the bladder, had inadvertently made two openings into the latter organ. Nay, some go even so far as to maintain, that M. Roux had given the knife to M. Récamier, after having felt his finger in the bladder, in order to let him have an equal share of responsibility; and that the latter, with all his penetration, had actually let himself be taken in.* According to the *Lancette Française*, from which this report is extracted, M. Roux's straightforward character is sufficient to refute all suspicions of this kind; it is somewhat strange, however, that the particulars of the *post-mortem* examination were not given; for it is distinctly stated, that they were not mentioned at all by M. Roux, when speaking of the fatal result of his operation: the operator himself accounts for the death of the patient by her previous state of debility, and the excessive pain she suffered during the operation.

Notwithstanding the unfortunate event of the last case, it is stated in the *Lancette Française*, that, on the 25th of September, M. Roux, assisted by M. Récamier, again performed a similar operation, in such a manner as to cause a very painful impression in all the spectators, for which reason the reporter declined giving a report immediately, lest he should appear to be too much carried away by his feelings. As soon as the details of the operation appear, we shall not fail to lay them before our readers.

* "- - que M. Roux, ayant senti tout à coup son doigt dans la vessie, n'avait remis l'instrument à M. Récamier, que pour lui faire partager la solidarité de cette opération; et que ce dernier, tout fin qu'il est, s'y était laissé prendre."

BOOKS FOR REVIEW.

Elements of Practical Midwifery, or Companion to the Lying-in Room. By Charles Waller, Consulting Accoucheur to the London and Southwark Midwifery Institution; and Lecturer on Midwifery and the Diseases of Women and Children, at the Medical School, Aldersgate Street. London, Highley. 1829. 24mo. pp. 135. With plates.

Elements of General Anatomy, containing an Outline of the Organisation of the Human Body. By R. D. Grainger, Lecturer on Anatomy and Physiology. London, Highley. 1829. 8vo. pp. 526.

Transactions of the Medical and Physical Society of Calcutta. Volume the Third. Calcutta, Thacker & Co.; London, Parbury & Co. 8vo. pp. 451.

The Mother's Monitor, or Nursery Errors. By James Quilter Rumball, F. R. C. S. London, Wilson, 12mo. pp. 121.

The Opening Address, delivered at the Sheffield Medical Institution, July 2d, 1829. By Arnold James Knight, M.D. Sheffield, Platt and Todd. 1829. pp. 37.

A Manual of General Anatomy, or a Concise Description of the Primitive Tissues and Systems which compose the Organs of Man. By A. L. J. Bayle, D. M. P., &c. and H. Hollard, D. M. P., &c. Translated from the French, by Henry Storer. London, Wilson. 1829.

A Treatise on the Teeth of the Horse, showing its Age by the changes the Teeth undergo, from a Foal up to 23 years old, especially after the eighth year. With coloured plates. Translated from the French

of M. Girard, Director of the Royal Veterinary School, Alfort. By T. Irwin Ganly, formerly a pupil at that school, and Vet. Surgeon to the 11th Light Dragoons. London, Sherwood. 1829. 12mo. pp. 75.

Elliott's Medical Pocket-book, containing a short, but plain Account of the Symptoms and Treatment of Diseases; with Prescriptions, &c. A new edition. Revised by a Medical Practitioner of St. Thomas's and Guy's Hospitals. London, Wilson. 1830. pp. 244.

History and Treatment of Colds, Coughs, &c., with observations on the Influence of Climate; Precepts on Diet, and the Use of Medicines. By J. Stevenson, M. D. 2d edition. Wilson. 1830. pp. 100.

A Treatise on Nervous Affections, Disorders of the Head, Chest, Stomach, and Bowels, and the means of repairing a Debilitated Constitution, &c. Third edition. By J. Stevenson, M. D. London, Wilson. 1830. pp. 144.

The London University Magazine for October, 1829. No. 1. London, Hurst and Co.

A Treatise on Neuralgic Diseases, dependent upon Irritation of the Spinal Marrow and Ganglia of the Sympathetic Nerve. By Thomas Pridgin Teale, M. R. C. S. London, Highley. 1829. 8vo. pp. 120.

LITERARY INTELLIGENCE.

Mr. Wardrop has in the Press, a New Edition of his "Account of Fungus Hæmatodes, with Observations on Cancer and Scrofula."

TO CORRESPONDENTS.

Communications received from Mr. Wm. Probert—Mr. Plumtree—Mr. Frederick Fowler—Mr. Tease—Dr. Walker—Mr. Thomas Litchfield—Mr. Edward Heddon—Dr. Grey—Mr. Morss Churchill—Mr. Whitby Venn—Mr. R. T. Webb—Mr. Henry J. Grayson—Mr. Lott—A Would-be Subscriber—Honestus—Veluti in speculum—Studiosus—Medicus—Freeborn—A Pupil at Guy's—C.

Our correspondent R. E. D. will perceive that we had already a communication of the same nature as his own, or his letter should have appeared.

Will Medicus, in communicating the cases to which he alludes, authenticate them.

We cannot, at this moment, give Studiosus the information he desires.

The communication of V. in S. is under consideration.

Honestus next week.

Surely "A Would-be Subscriber" need have no difficulty in becoming one. To the subscribers of The Lancet, it is almost needless to say, that there is no bookseller in the United Kingdom, who has not as great a facility for supplying the orders of his customers, through the usual channel of a London bookseller, as though he were an "agent," and received The Lancet direct from the publisher. We thank our correspondent for his good wishes. He may be assured that on the topic to which he more particularly alludes, his confidence in our "fidelity" is not misplaced.

We cannot find room for the whole of the article transmitted to us by X. X. X. Unless, however, the writer objects to its partial curtailment, we will make use of a portion of it.

The piece of glass enclosed with Mr. Chilcote's article, shall be left at the office to be called for.

The erratum which we were requested to notice "from the 2d of October to the 5th," was overlooked amongst a mass of papers, or it should certainly have been inserted.

The "theological discussion" cannot be inserted.

J. V.—A chemist and druggist, in his shop, can prescribe and compound medicines for the relief of any disease, without rendering himself liable to any of the penalties in the Apothecaries' Act.

The necessity of inserting the letter of Expositor was superseded by the publication of the letter of the "secretary."

B. W.—Though the present system may be deficient and worthless, the new one could not supply its place effectively. There are few teachers who would voluntarily risk the credit of their schools, upon the possible want of ability or industry of their pupils. Besides, any prize of the kind proposed would be but a deceptive substitute for the more appropriate and more valuable reward which the diploma of a reformed college would present. It is for the establishment of such a prize as this, that professional men should put their shoulders to the wheel.

Other correspondents must stand over; some shall receive private answers.